	1	MARYLAND STATE DEPARTMENT OF HEALTH
	-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2389
		CERTIFICATE OF DEATH
er death. funeral gradeath.		DECEASED-NAME First And Decease Crushed 2a. DATE OF DEATH Type or print) The Original Control of Doy/96507 2b. HOUR 4A.M.
by the fun	3. S	LEX female 4. RACE S. DATE OF BIRTH Caregues 8. 1900 6. AGE (In years if under 1 year if under 24 Hrs. Caregues 8. 1900 lost birthday) MONTHS DAYS HOURS MIN.
in by		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MIDOWED
ithin 24 y filled an pap	10.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY
ertitione be executed within 24 hours after death physician and campletely filled in by the funeral non please remove carban pagers. Bages 1 and 2 noval, and in any event, within 72 toursafter death	13o. adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR JOWN 13d, INSIDE CITY UMITS? 13e. STREET AND NUMBER RESIDENCE (Where deceased 13b. COUNTILLINE CITY UMITS? NO REPORT REPORT OF BEAUTY POR PROPERTY OF THE
be exected and compared in any	14.	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Marsh
physician of please and is	160	1. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 217-16-6699A Hervard Address Address
at the death the attending nsit permit.		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), stoting the underlying cause (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health prior to burial, creshauld be filed with the State Dept. of Health prior to burial, creshauld be filed with the State Dept.	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?
PHYSICIAN: 1 he haspiral ar this certificate letached for us s Dept. of Healt	MEDICAL CE	OR CONTRIBUTING CAUSE OF OFATH (If either, natify medical examiner) Grade Contributing Cause of OfATH (If either, natify medical examiner) 19 19
PHYS the has this ce detache e Dept.	M	21d. INJURY OCCURRED While Not while at work A work Not while at work Not while Not work Not while Not work Not while Not work Not while Not work N
D HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit. FUNERAL DIRECTOR: After this certif director, page 3 shauld be defached is shauld be filed with the State Dept. af		22a. I certify that (I) (this hospital) grended the deceased from left. 1917, to left. Le, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (our) opinion deoth occurred on the dote and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.
OR be re 3 ed w		22b. SIGNATURE DEGREE ATTENDING MED. STAFF 9/26/68
10 HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fill		22d. PHYSICIAN'S NAME (Type) P.M. Me Laughtin 22e. ADDRESS Mountain Rd. Pasadena, Med.
TO HO Page TO FUI direct	L	BURIAL, CREMATION, PERMOVAL (Specify) Sept. 28, 1968 Loudon Park Cem. 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Balto. Md. ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (A)	24.	
30M REV. (170)	G	Truman Schwab 3512 Frederick Ave. Balto. Md. DATE SEP 3 0 1968 Charles Judge

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1	MARYLAND STATE DEPARTMENT OF HEALTH	
TE	12330 DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 13c Reprice the variable of Centre of Death	10000
	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	12330
PT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Doy (Type or Print)	
	MATILON DEATH MATER DEATH MATER 4 2	FS B M
3	5. DATE OF DIRITH OSS birthday) MONTHS QAYS HOURS MIN. MONTH Day	Yeor / 2d. HOUR
7.	1-1-94 /4 YRS.	1000 M
cc	(Quentry) 2 & a WIDOWED X DIVORCED ANNIC ARCHAEL-	
9 10		. KIND OF BUSINESS OR USTRY
73 13	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 134 TT) described in the institution of the instit	wird Kl
14	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN-NAME First Middle	last
16	(Yes, na, ar unknawn) (If yes give war or dates of service) (16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, ar unknawn) (ABA) (nd Rd
F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ALL PROCESSION OF THE PROCESSION OF	
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	Canditions, if any, which gave rise to immediate couse (a), (b)	
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	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	2 443 X	
OITA	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Manth, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	20. AUTOPSY?
人直	WAS PERFORMED?	YES NO
	210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Manth, Doy, Year HOUR A.M. 210. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item PRIMARY OR CONTRIBUTING P.M. 19 210. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 210. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 210. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 211. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 212. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 213. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 214. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 215. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 217. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 218. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 2, Item 219. HOW INJURY OCCURRED (Enter nature of injury in Port 2, Item 219. HOW INJURY OCCURRED (Enter nature	18.)
inc	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, affice building, etc.) 21f. LOCATION Street or R.F.D. Na. City ar Town Compared to the com	ounty Stote
	22a. I certify that I taak charge af the remains described above, held an Autapsy, Inspection Z, Inquiry Z,	and in my opinion
	death resulted from Notural causes , Accident , Suicide , Homicide , Undetermined monner	
	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE	NED &
	EXAMINER'S DEPUTY MEDICAL EXAMINER 1/2-1	G 0
		A Co
2	Bered 9/1/68 Boltimore controller &	Belt me
	24. EUNERAL DIRECTOR 250. RECOUSTRAR 25b. REGISTRAR'S SIGN	TURE
N	Ten 9 Och 7200 Harford Road PSFP 4 1968 Journey	

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	I	FilmG405 DIVISION 06 VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	12391
X	12	382 COALTER CERTIFICATE OF DEATH	
E AE		ECEASED-NAME First Middle Lost BALLARD 20. DATE OF DEATH	2b. HOUR
after death the function ges I and after death	(1	Type or print) WALTER L BALLARD & Manth 2 Pay	18 12 AM
fun 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. SE	EX 4. RACE 5. DATE OF BIRTH 6. AGE (In years	FUNDER I YEAR IF UNDER 24 HRS. ONTHS OAYS HOURS MIN.
the the ages		MALE WHITE 10-10-1900 lost birthday) 67 MC	ONTHS DAYS HOURS MIN.
by by		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
d in d in 72 l		Nattimore, Md. U.S. WIDOWED DIVORCED TIME Hrunde	Md
all Birth	10. 0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ed within 24 haurs plerely filled in by 1 carbon papers. Pa ent, within 72 haurs	(SIEN BURNIE NORTH HEUNDED	
	13o.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CLYDOR JOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Anna Atundul Starburges Notation 7746 Edgewood	d Ave.
exe emc any	14. [FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
be n al		2.17.12.2	LIPS
PHYSICIAN: The law requires that the death certificate be exegue to hospital ar attending physician. This certificate has been signed by the attending physician and constant for use as the burial-transit permit. Then please remays Dept. of Health priar to burial, crematian, or removal, and in any expected the constant of the constan	160. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Mrs. MARLENE PARKER—	ZAME
cer The p		18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), op(c))	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
ne death cer attending p permit. The		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caroline Caroli	
afte an, an,		4129 DUE TO, OR AS A CONSEQUENCE OF	446.25
the sit p		Conditions, if any, which gave rise ta immediate cause (a),	
tran		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	14.
ysic ysic med rial- rial,		ost. (t)	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifice Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached for use as the burial-transit permit. Then playshall be filed with the State Dept. of Health prior to burial, crematian, or removal,	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
law endi s be as th riar	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OF ERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONC.	ISIDERED IN CERTIFYING
The hat the the	RTIFI	AF2 NO NO	
AN: all or cate or u		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Iter OCCURRED (Enter noture of injury in Part 1 or Part 2, Iter NOVINJURY OCCURRED)	m 18.)
SICI printification of the control o	MEDICAL	(If either notify medical examiner) P.M. 19	
G PHYSIC the hospit r this certi detached te Dept. of	2	21d. INJURY OCCURRED While Not while 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
the det		at work of wark 9/10/10 68 to 9/10/10	that (I) (wa) In-
TENDING ined by the OR: After i		22a. I certify that (I) (this haspital) attended the deceased from 9/20, 1968, ta 9/2/96 saw the deceased alive an 72/196 and that in (my) (fur) apinian death accurred on the date causes stated abave, (I) (we) (did) (did not) view the bady after death.	and hour and fram the
ATTENI etained CTOR: A shauld vith the		causes stated abave, (1) (we) (did) (did not) view the bady after death.	
R ATTENDING PHYS retained by the hos RECTOR: After this ce 3 shauld be detache with the State Dept.		ATTENDING - MFD STAFF	TE SIGNED
L OR be r be		DEGREE PHYS. DIRECTOR PHYS.	7. 0
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt		NAME (Type) C. Dorkan, MD, 325 Hospital Brive,	1. Burnie Ma
HOS Je 4 Juni auld	23a.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		REMOVAL (Specify) 9-24-1968 Glen Haven Memorial Pk. Ritchie Howy. A. A.	A Co Md.
VR A15 (A) 30M REV. IV		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE
30M REV. 1/4817/	1 60	earge J. Gonce, 1001 Ritchie Houry Reltimore par CFD 2 6 1968 Ochan	Par Quelas

MAKTLAND STATE DEPAKEMENT OF HEALTH

Renowal anst 9/20/ 68 9/21/68 C. Dorkan, MA. SIT Hospital Daire, P. Bernicky The state of the s

1	1	10009 DIV	MAKTLANL SISION OF VITAL RECORDS,		AKIMENI OF HEAL ON STREET, BALTIMOI		10000
		12382 DIV			OF DEATH		12392
	1. D	CEASED-NAME First Tomes	Middle	Ba	RtoN 20	DATE OF DEATH Month 9 Dog	16 Yeor 68 2b. HOUR 5221
and a second	3. S	× m	RACE	1	e of Birth 7 - 6 - 21	6. AGE (In years lost birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
1		SIRTHPLACE (State or foreign try) Baltimore	ITIZEN OF WHAT COUNTRY?	8. MARRIED NEV	/ER MARRIED 9. CO	Anne ARuno	Je/ M
54	10.	Cleu BURNIE	11. NAME OF HOSPITAL OR INST	1 0-	spitol 120. USUAL OCC	UPATION (Kind of work done working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Retail
2	13a. adm	USUAL RESIDENCE (Where deceased livings) STATE	ed, if institution: Residence befare Bb. COUNTY A A . Co	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	130. STREET AND NUMBER 3 Wayn	e Drive
1	14.	ATHER'S NAME First	Middle Lost		IER'S MAIDEN NAME First	Middle	Lost
	160	James: Was deceased ever in U.S. Armed Fo	Barton ORCES? 166, SOCIAL SECURITY N	O. 17. INFORM	Ruth	Address	Babbington
	100	es, no, or unknown) (If yes give war ar da				Barton, same as	r 13
	F	1B. CAUSE OF DEATH (Enter only one			<u> </u>	PAR NOTE DAME AL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:	(1).	sough	u ocelu	11000	DETWICE ONSET AND DEATH
		IMMEDIATE CA	DUE TO, OR AS A CONSEQUENCE OF	news.	y occur		
	1	Conditions, if any, which gave	DUE TO, OK AS A CONSEQUENCE OF	/			
		rise to immediate couse (a), ((b)				
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				
			(c)	T DELATED TO THE T	TRANSPORT OF COURT	CON CHIEN IN DARK II A	<u> </u>
	N	PART 2. OTHER SIGNIFICANT CONDITION 4201	NZ CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE T	EKWINAL DISEASE OK CONDII		
0	CERTIFICATION	19a. DATE OF OPERATION 19b. COND	ITION FOR WHICH OPERATION WAS PER		a. AUTOPSY?	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
2	E	County Street			YES NO 🔭		
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Manth Day Year	21c. HOW INJ	URY OCCURRED (Enter natu	re of injury in Part 1 ar Part 2,	Item 1B.)
	MEDICAL	(If either, notify medical examiner)	P.M. 19				
	W	21d. INJURY OCCURRED While Nat while at work 21e. PLACE	OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION	Street ar R.F.D. Na.	City or Tawn	County Stote
		22a. I certify that (1) (this ha	ispital) attended the decease	d fram	9/16,1968	, ta 9/16/19	68, that (1) (we) las
		saw the deceased alive	an19 (we) (did) (did not) view the b	6 K, and that	in (my) (aur) apinian	death accurred an the de	ate and haur and from th
			(we) (did) (did not) view the b	ady after death.		1	
		22b. SIGNATURE	(Arch	ZEGREE A	ATTENDING MED.	C STAFF	DATE SIGNED
1		22d. PHYSICIAN'S NAME (Type)	rkan. M.L) 2	20. ADDRESS 325 Hz	or PHYS. DVIV	e, S. Burni
	230	BURIAL, CREMATION, 23b. DATE		EMETERY OR CREMA			(County) (Stote)
D		REMOVAL (Specify) 19 S	ept.68 Glen	Haven M	emorial	Glen Burnie.	AA Ma
		FUNERAL DIRECTOR				GISTRAR 2Sb. REGISTRAR'S	SIGNATURE
		Kirkley Funeral H	ome, Glen Burnie	, Md.	DATE SEP	17 1968 gcc	corles Judge

Lindell days are enormal . House Beint ertor de the seas and its is all its filter of its seas of 13 Corpners occludeors C. berken, M.b. 325 Hospital Grin, Pilsonni Surjal 19 Sapt. 52 Clem Haven Memorial Clem survice, Ad. 18: And the Total and the second Marking Fungers Home, Clan Burning Md.

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and the same			othive to	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove calkon page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7

VR AI5 (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin Page 4 may be retained by the hospital or attending physician.

hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12387 CERTIFICATE OF DEATH 12387

		1 4 0 0 i	TORTE OF DER		1-2	
	1.	a. COUNTY Inne arendel MA	RYLAND 2. USUAL RESID	DENCE (Where deceased lived, b.	, If institution: Resident	ce before admission)
ě		b. CITY OR TDWN (if outside corporate limits, write RURAL) and give hearest rown)		(If outside, corporate IIm	its, write RURAL and g	lve nearest town)
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gave street	t address) d. STREET ADDR	120		e. IS RESIDENCE ON A FARM? YES NO V
00	3.	NAME DF DECEASED (Type or print) LOUIS	Brannam	4. DATE DF DEATH	Month Day	Year 1968
1	5.	Male 6. CDLOR OR RACE 7. MARRIED NEVER MARR WIDOWED DIVORG	IED 8. DATE OF BIRTH	last birt	years IF UNDER 1 YEAR hday) Months Days yrs.	
	dur	Oa. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Retired Deneral Helper. US NAU Ri	OR 11. BIRTHPLACE	C SSC		OF WHAT
	13.	- I ACO SOLCAND HOW CALL OF STATE		MAIDEN NAME		
	15	ROBERT BRANNAM	CHAI	RITY		
F.	CYS	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY Yes, no, or unknown) (If yes give war or dates of service) 578-48-34	NO. 17. INFORMANT	Braman Le	Address Bluta Shaty	side md
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	ial Intarc	tion	INT	ERVAL BETWEEN SET AND DEATH
		Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.	lerotic hear	t disease	- 4	ears
X	CERTIFICATION		T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV		WAS AUTOPSY PERFORMED?
^			JURY OCCURRED. (Enter natur	e of Injury in Part I or Pa	rt II of Item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p.m. 19 While at work at work	20e. PLACE OF INJURY (Hom factory, street, office bld		wn) (County)	(State)
			from /2/26/ and that death occurred	, 1967, to October at 5 PM, from the ca	1968, the day	hat (I) (we) last te stated above.
		22a. SIGNATURE	M.D. ATTENDING	PHILEOLOGI I III.O:	22b. DATE SI	168
1		22c. PHYSKEIAN'S NAME (Type) Willard F. Smith	22d. ADDRESS	Shady Sia	le, Mary	land
		BURIAL 9-10-1968 WAS	CEMETERY OR CREMATORY	TERY SUI	TLAND	(State)
4	24.	24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS	Which DC DATE	4000	Clearles	NATURE

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x 15	1		DIVIS	ION OF VI			M PRECI			HEALTH IMORE, MAF	RYLAND 2	1201				
FOR STATE		12388	3							OF DEAT				123	398	
HEALTH DEPT.		ECEASED-NAME	1	First	LDICAL	Midd		CEICIII.	Last	01 02/11		KNOWN[X]	Manth	Day	Year	2b. HOUR
	(Type ar Print)	LE	ROY	ROBI	ERT		I	BROWN	Sr.	OF DEAT	H MATED	9-1	11	1968	4:45
and a state of ent of	3. S	EX	4. RACE	S. DAT	E OF BIRTH		6. AGE (in year	113	DAYS	IF UNDER 24 HRS	ZC. DAIL	PRONOUNCED	DEAD			2d. HOUR
PM3.	Ma	ale	Negro	Nev	. 17-	1925		rRS.	DATS	Mudk3 Mi		tember_	ΪΊ,	Yeo	1968	4:45 N
2		BIRTHPLACE (State	e or fareign		OF WHAT C	OUNTRY?		MARRIED			COUNTY OF		7-4-			P
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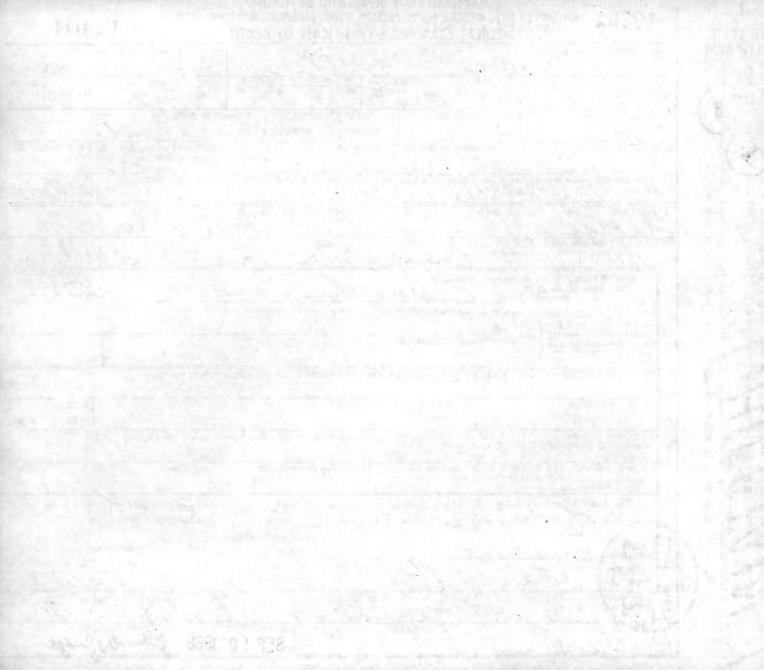
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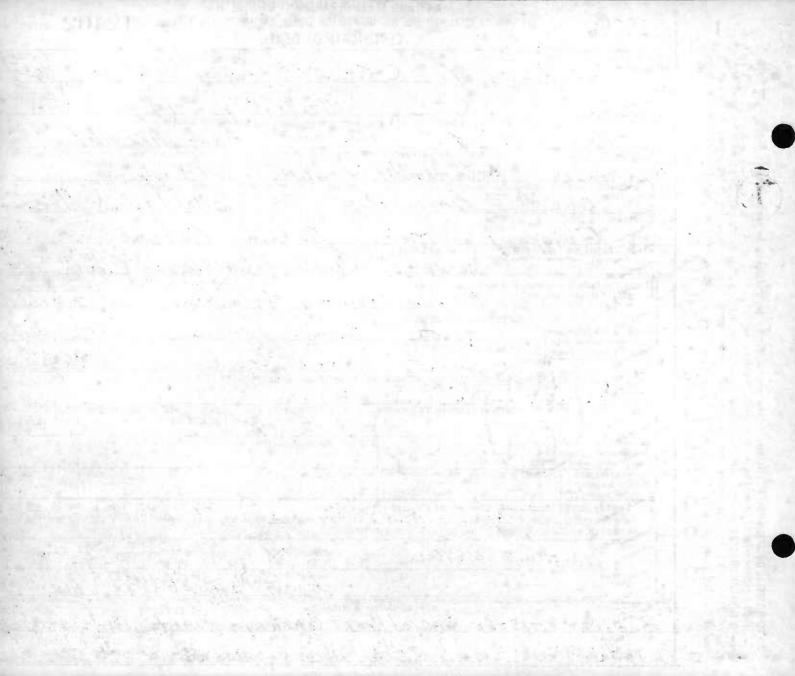
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12390 12100 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR First Lost 2g. DATE OF DEATH 24 haurs after death. (Type or print) Month BERTRUDE 11:25 M Anne uck MASter 4. RACE IF HINDER 1 YEAR IE LINDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years lost birthdoy) DAYS HOURS CAUCASIAN 30crematian, ar removal, and in any event, within 72 haurs at -0 MB 0 YRS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) erenty illed in Anne US ARUND DIVORCED [WIDOWED X IO. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) aive street address) ille INDUSTRY CROWNS VIlle d House wife NONQ 13ccity OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed admission) STATE 13b. COUNTY 2044 LAWKERE Anne Adum cam please remave 14. FATHER'S NAME Middle First Last 1S. MOTHER'S MAIDEN NAME First and Last HARRY brtrude Duck master physician c 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT John Buckmaster Address Belvedere (If yes give war or dates of service) Yes, na, ar unknawn) DE arnol APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND OFATH IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Candra Butor Head D. (onditions, if ony, which gove) signed by the burial-transit p rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) emphysema directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES TO NO A 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 19 0, 19 0, 10 19 0, 10 19 0, 10 19 0, and that in (my) (aur) apinian death accurred an the date and haur and fram the 3 shauld causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGRÉE 22e. ADDRESS 22d. PHYSICIAN'S CROWNSVIlle NAME (Type) MD 23d. LOCATION (City of Joya) 23a BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 2_(State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 30M REV 17 68 DATESEP 1 6 1968 Ochonis

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	1	MARTLAND STATE DEPARTMENT OF HEALTH	
		12391 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2401
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	CHOT
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of old	0	admission) STATE 13b. COUNTY & C. WING YES NO Experience	od Road
24 hours in Item 18 r's Office es Tond 2 v	14.	PATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME Kept Middle Middle Common Midd	Lost
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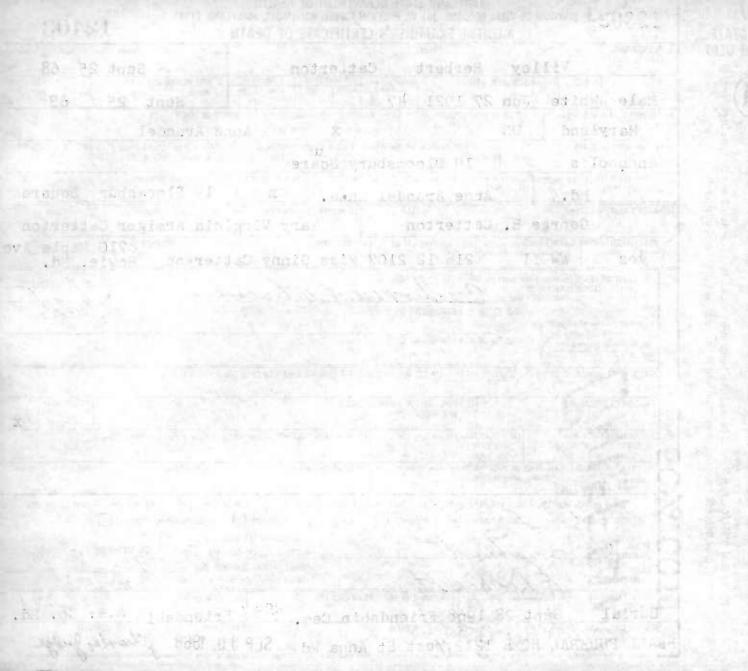


		MARYLAND STATE DEPARTMENT OF HEALTH
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AN all control He		OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year
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INC Therefore		22a. I certify that (1) (this hospital) attended the deceased from July , 19 6 8, that (1) (we) lost
NO Ped 1 Id 1 Id 1		saw the deceased alive an september 9 19 8 and that in (my) (eur) apinion death accurred on the date and haur and from the
S S S S S S S S S S S S S S S S S S S		couses stated above, (I) (we) (did) (did not) view the body after death.
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Dig be		THIS. — DIRECTOR — THIS. —
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be Poge 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or director, page 3 should be detached for use os the buriol-tronsit permit. Then please reshould be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in		22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS Cape StCAIRE
SPI 4 n tor, ild b	-	TREST 4 HANTEDIS - Ma
Fundament Production	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
2 2 5 M		BURIAL 9-13-68 SACKED HEART CEMETERY - BALTO Md
VR A15 (4)	24	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
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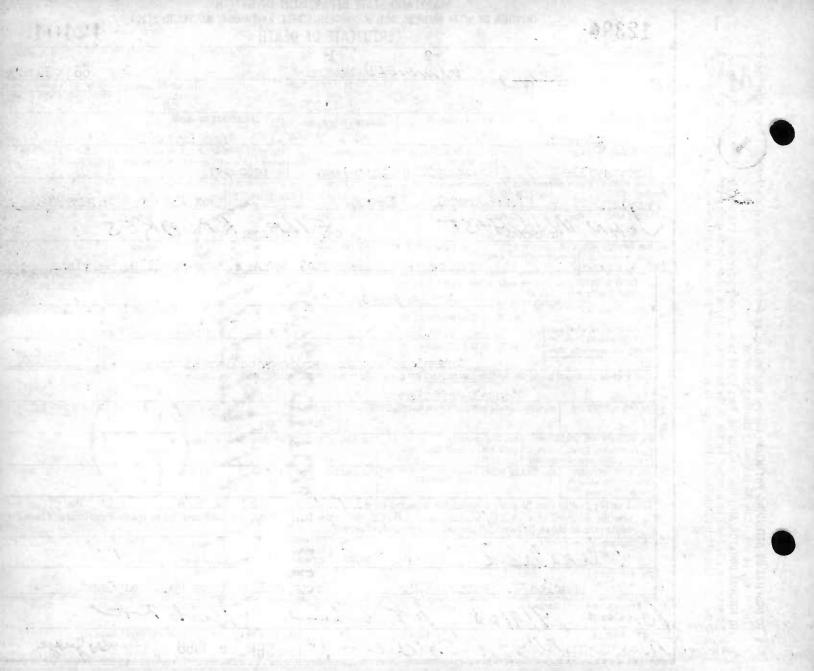


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12403 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2g. DATE KNOWNET Month 2b HOUR (Type or Print) OF ESTI-Villey Herbert Catterton Sept 1968 4. RACE 6. AGE (In years IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c DATE PRONOLINCED DEAD 2d HOUR Male White 27 Jun 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Maryland US WIDOWED X DIVORCED [Anne Arundel the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in baspitol 10. CITY OR TOWN OF DEATH 120, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR along with give streeddd Blooms bury Sqare during most of working life, even if retired.) INDUSTRY Annapolis with 1 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13b. COUNTY Anne admission) STATE 19 Bloomsbury Square Arundel YES NO Anna. pages land 2 after 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First George B. Catterton Mary Virginia Armiger Catterton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 8710 Maple Ave (Yes, no. or unknown) 218 12 2107 Miss Ginny Catterton Bowie, Md File APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c). the Chief Medical permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), word shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 writing the 4 shauld be farwarded ta certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD remayal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. NO X pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, affice building, etc.) WHILE NOT WHILE T 22a. I certify that book charge of the remains described above, held an Autopsy Inspection P Inquiry ond in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar county) 23o, BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 968 Friendship Cem Friendshin A.A. Co. Md. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR West St Anna Md DATE SEP 30 1968 VR A15ME (5Y

MAKYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



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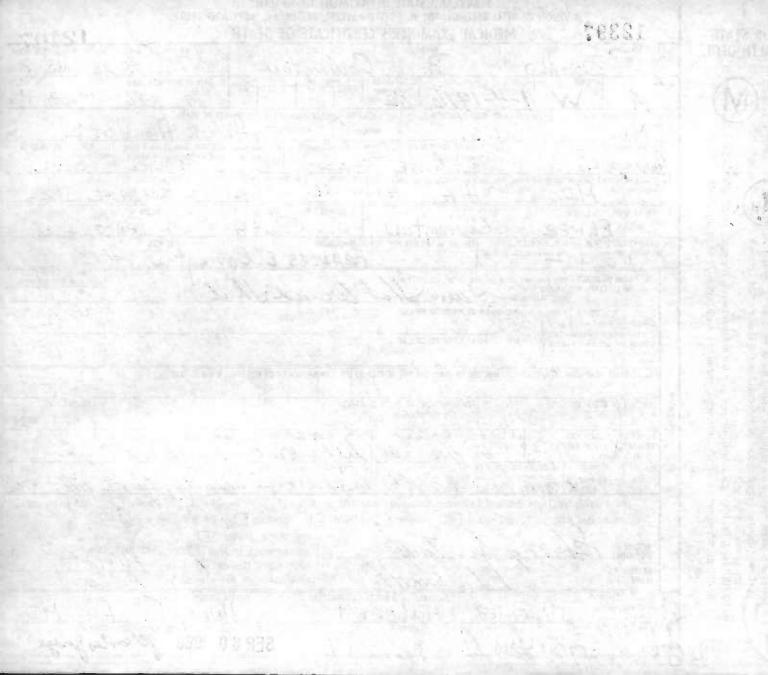
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	160. WAS DECEASED EVER IN U.S. Yes, no, by ynknown) (If yes	. ARMED FORCES? 16b. SOCIAL SECURI	TY NO. 17. INFORMANT COM	Address	#13
	Conditions, if any, which grave to immediate couse (stoting the underlying colost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (0), (b)	of the Proba	Se OR CONDITION GIVEN IN PART 1(0)	BETWEEN ONSET AND DEATH
2	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	210. ACCIDENT WAS UNDER CAUSE OF CONTRIBUTING CAUSE OF CHIPPED AND ADDRESS OF CHIPPED AND ADDRESS OF CHIPPED	DE DEATH HOUR A.M. Month Doy Yo		(Enter noture of injury in Port 1 or Port 2	, item 18.)
1	21d. INJURY OCCURRED While Not while of work of work	21e. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.	.D. No. City or Town	County State
	saw the decease couses stated at) (this hospital) attended the dece ed alive an bove (1) (we) (did) (did not) view th	_19 62, and that in (my) (eu	r) o pinion death occurred an the d	
	22b. SIGNATURE	2. Stephen	DEGREE PHYS.		L. DATE SIGNED
1	22d. PHYSICIAN'S NAME (Type)	M. P. Stephens	22e. ADDRESS	Cornhill	St.
	CREMOVAL (Specify)	10/1/68 Ft.	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) Diagens burg	(County) (Stote)
50	24. FUNERAL DIRECTOR	la + foro amago	ess DATE	OCT 2 1968 PC	contes Inde

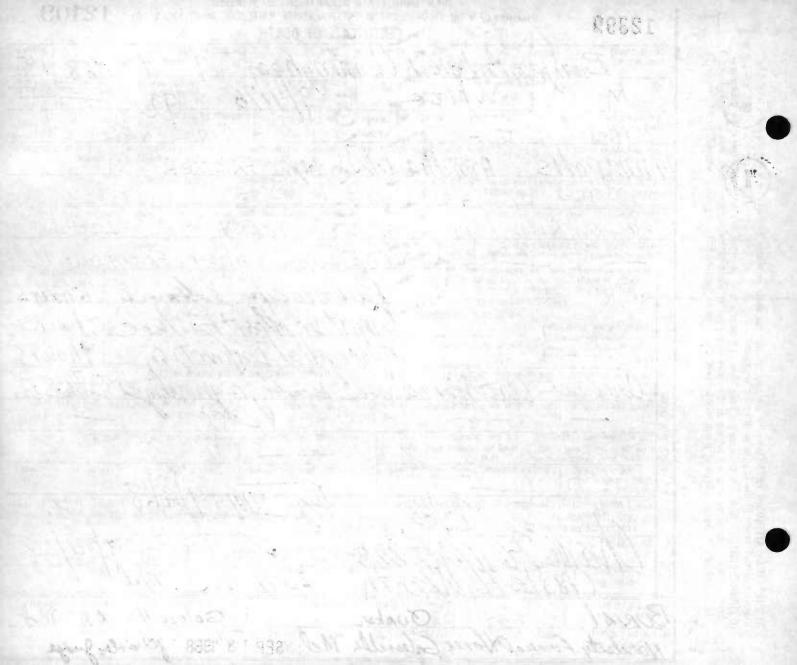
/ 1 /	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		12397 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10401
HEALTH DEPT.	1. [DECEASED-NAME First Middle Lost 20 DATE KNOWN F Month	Doy Yeor 2b. HOUR
of ge to	(Type or Print) DONALD P. COVINGTON DEATH MATED 9	26 1968 PM
5 m 6	3. 5	FY A PACE IS DATE OF RIDTH TO AGE (IN MARCE) IF UNDER 1 YEAR 1 IF UNDER 24 HRS. 20 DATE PROMOBILIATED DEAD	2d. HOUR
		M 1-4-19/6 52 YRS. MONTHS DAYS HOURS MIN. Months Day 26	Yeor 1968 P M
No. 2.	70.	RIPTHPLACE (State or foreign The CITIZEN OF WHAT COUNTRY OF DEATH	
form form te De		WIDOWED DIVORCED HOUR ARRENDS	DEL MO
deoth Poges with for	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working the even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
a ved	L	INVITADO -13 I DEST GIATE JOHN CIVIL DEPUICE	Gout.
with deoth.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 35 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dimission) STATE AD 13b. COUNTY A 12 KILE AND NUMBER 13c. STREET AND NUMBER 12c. STREET AND NUMBER 13c. STREET AND N	UE DO
ond 2	14	7,7, 1,7, 1,7, 1,7, 1,7, 1,7, 1,7, 1,7,	TE JR-
_ 0	1	Dill	Lost
hin 24 ncil in niner's poges hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT : ADDRESS	LIWEIN
d be executed within 24 d "pending" in pencil in Chief Medical Exominer's transit permit. File poges y event within 72 hours	((es, no, or unknown) (If yes give war or dales of service) FRANCES E. Covincton 4	+13
in P Exc in 7		18. CAUSE OF DEATH (Enter only one couse per line for (6), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E. ansit permit. F event within		PART I. DEATH WAS CAUSED BY:	0
be execut "pending" nief Medica ansit permi		935 X DUE TO, OR AS A CONSEQUENCE OF	Jacklen
be "pe hief ansi		Conditions, if ony, which gove rise to immediate couse (a), (b)	recen
should be a word "pe the Chief transit uriol-transit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she v at to the buri		(c)	
s certificate should e, writing the word forwarded to the Cl s used as a burial-tr emoval, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
riffic riffic vard val,	NO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	CERTIFICATION	WAS PERFORMED?	YES NO DO
, be est	CERT	210. EXTERNAL CAUSE WAS 21b. TIME OF JNJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ite	
- 70 - 5	MEDICAL	CAUSE OF DEATH CAUSE OF DEATH P.M. 9/26 19 68 Seekenflee led kendlich per	end
3 S and a share an	MEC	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Stylet or R.F.D. No. (ity or Town	County Stote
L EXAMINER: ecute the cert Page 4 should or your files. R: Page 3 shau al, cremation,		WHILE AT WORK AT WORK PLAN BEST Site Rel worked area reaches State Re	E ARRO MO
Kecu Pa Pa for for ial,		220. I certify that I took charge of the remains described above, held on Autopsy:, Inspection, Inquiry	ond in my opinion
ctor ctor ned ECT		deoth resulted from: Notural couses Accident, Suicide, Hamicide, Undetermined monner	
pleose e director etoined DIRECT or to bu		ACTUAL CHIEF MEDICAL EXAMINER COLORES	
orry, ple eral di be reto RAL Di prior		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE S	SIGNED 8
DEPUTY SICAL EXAM seessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, crem		EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	1/10
necessary, pleose extremely pleose extremely pleose extremely for more formal director. S may be retained to FUNERAL DIRECTOR Health prior to burners to b	230		(County) (Stote)
F	R	REMOVAL(Specify) 9-29-68 Hilber P. S. Hilbert P.	AA MD
	2A.	FYNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S S	SIGNATURE
VR A15ME (5)	140	hu M. a Toy to & Store Church of Md. DATE SEP 30 1968 School	les Judge



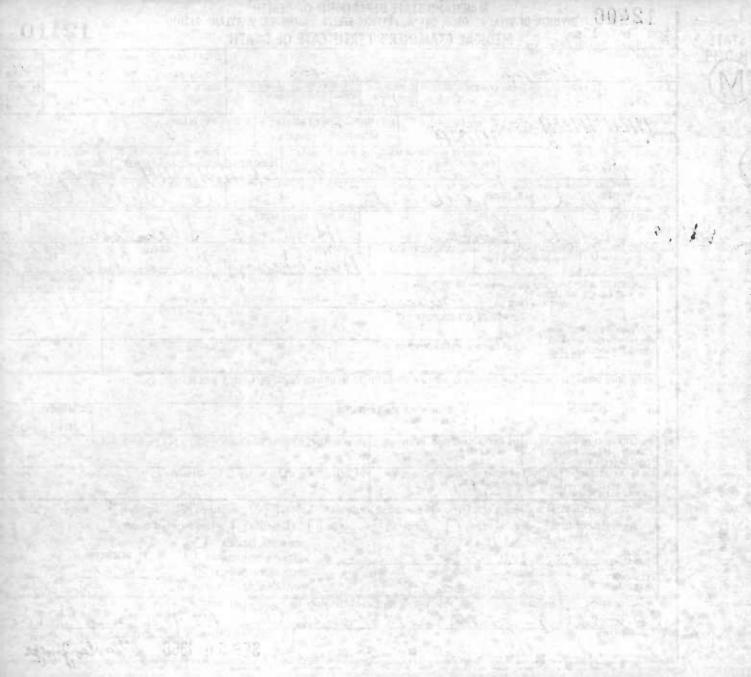
	12398 DECEASED-NAME First	t Middle	CERTIFICATE OF		ATE OF DEATH		at House
	(Type or print)		Cuddy	20. 07	ATE OF DEATH 9 Month 26 Do	y 68 Year	2b. HOUR 8:10g
3.	Florer	4. RACE	S. DATE OF E	BIRTH	6. AGE (In years		UNDER 24 HRS.
	Female	W	3-3	0-91	lost birthdoy) 77 YRS.	MONTHS DAYS H	IOURS MIN
	BIRTHPLACE (Stote or foreign untry) Maryland	7b. CITIZEN OF WHAT COUNTRY? US	8. MARRIED NEVER MA WIDOWED DIVO	RRIED 9. COUN	TY OF DEATH Arundel		M
10.	CITY OR TOWN OF DEATH Glen Burnie	11. NAME OF HOSPITAL OR give street address) North Arun	NSTITUTION (If not in hospital del.	120. USUAL OCCUP during most of wo	ATION (Kind of work done orking life, even if retired.)	12b. KIND OF BUS INDUSTRY	SINESS OR
130 od		osed lived, if institution: Residence befor	Balt.	13d. INSIDE CITY LIMITS?	3e. STREET AND NUMBER	Be Adding	ton R
14	FATHER'S NAME First	Middle Lost	1S. MOTHER'S N	NAIDEN NAME First	Middle		Lost
L	Wm Plitt			Christina			
16	o. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (II yes give	RMED FORCES? war or dates of service)		E. Cuddy,	Address 54.62 Adding		
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	only one couse per line for (o), (b), and ((1) by vearde	.0 .0	1	APPROXIMATE BETWEEN ONSET	I AND DEATH
1	IMMED	IATE CAUSE (o)	1	er ruja	r ello		
	Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE O	50-	(/			
	rise to immediate couse (o), stating the underlying couse	(b)	OF THE PERSON NAMED IN COLUMN TO THE	V			
	lost.	(c)		to Allinois			4
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE ORCONDITION	GIVEN IN PART 1(0)		- 174
30	4201 63	- ulleral	win -				
CEPTIEICATION	196. DATE OF OPERATION 196	o. CONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUT		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTI	IFYING
-			21c. HOW INJURY OF	_ /~	of injury in Port 1 or Port 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DE	niner) P.M.	19				
AM	21d. INJURY OCCURRED 21e	e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Stre	eet or R.F.D. No.	City or Town	County	Stote
	of work gr work	1: 1 / 2 / 2 / 2 / 2 / 2		10 +	9/26/6/19	AL - A (1)	V V V
L		his haspital) extended the deced			eath accurred an the do	ate and haur an	
ı	causes stated abay	ve (1) (we) (did) (did not) view th	e bady after death.				
	22b. SIGNATURE	X K. Ramis	DEGREE ATTEND	ING MED. DIRECTOR	STAFF 22c.	DATTE SIGNED	
		The state of the s	22e. AD		VNAPROLIS	1 KD 18	0/150
	22d. PHYSICMAN'S NAME (Type)	14 B. KAMIRS	2 PM)	316	1101010000	, , ,	1
23	o. BURIAL CREMATION, 23b.		F CEMETERY OR CREMATORY OF COMETERY	23d. L	OCATION (City or Town) .timore. Md.	(County)	(Stote)

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and a second		1657-155 1, 14550	PLEASE, WILLIAMS

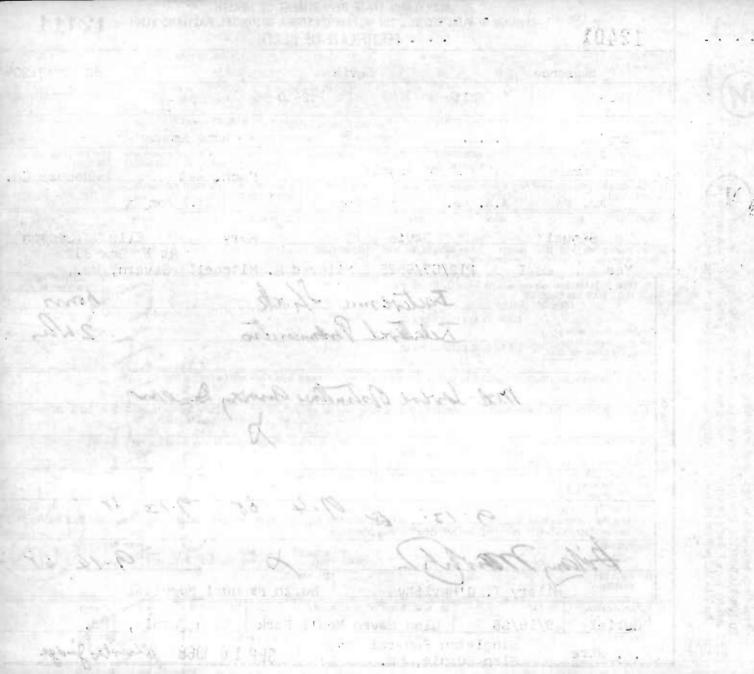
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12399 CERTIFICATE OF DEATH First a 2a. DATE OF DEATH 1. DECEASED-NAME Middle pers. Pages 1 and 2 72 hours after death. by manuferal (Type or print) Month after 3. SEX 4. RACE 6. AGE (In years lost bighday) MONTHS HOURS YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MAKRIED country) remave carban papers. WIDOWED DIVORCED within 10. CUTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION of pol in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** campletely and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 60 odmission) STATE 13b. COUNTY YES 🗌 NO A - EleNOSHI 14. FATHER'S NAME Middle First Lost 1S. MOTHER'S MAIDEN NAME First Middle and certificate be attending physician permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dotes of service) prior ta burial, crematian, or remaval, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: requires that the death permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave burial-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTWELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital or attending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior ta CERTIFICATION 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IF YES, WERE DINGS CONSIDERED CAUSES OF DEATH YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased fram and that in (pry) (our) opinion death accurred an the date and hour and from the saw the deceased alive an not view the bady after death. courses stated above. (We) (did) STAFF PHYS. DIRECTOR PHYS 22e. ADDRESS NAME (Type 23d. LOCATION (City or Town) DATE NAME OF CEMETERY OR CREMATORY URIAL, CREMATION 23b. 23c. (County) (State) Golesville 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 M 30M REV. 68



6115		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201	
FOR STATE	Lte	em 76 & 12a MEDICAL EXAMINER'S CERTIFICATE OF DEATH		12410
HEALTH DEPT.	1. D	DECEASED-NAME First Middle Lost 20. 1	DATE KNOWN Month OF ESTI-	Day Year 2b. HOUR
2 P 6 1 A		HARRY DAVIES D	EATH MATED 7	22 600 1
and 3	3. S		DATE PRONOUNCED DEAD Month 9 Day	Year 68 2d. HOU
arm Ph	70.	BIRTHPLACE (State of Varion / 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY (WIDOWED DIVORCED	OF DEATH	
With with the Stat		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 12. USUAL OCCUPATION OF THE PROPERTY OF T	TION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
18. (iv Bages 18. (iv Bages abb a with a with the State death.		Land the second	STREET AND NUMBER	Line Go
haurs Item Office I and 2 after	14. F	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First	A Middle	Lost
24 in er's les urs		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	ADDRESS 2.	37 Old kin
Exam Exam File		In our or	James 1	APPROXIMATE INTERVAL
ecuted ing" a dical ermit.		18. CAUSE OF DEATH (Enter only one couse per line-far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		BETWEEN ONSET AND OEATH
be execu "pending nief Medic nnsit perm		Conditions, if ony, which gove)		
word "pe word "pe the Chief rial-transit	10	rise to immediate couse (o), (b)		
e should the word to the Ch burial-tra		last. (c)		
and and and	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)	
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY? YES NO
fica fica l be Id b	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. P.M. P.M. P.M. P.M. P.M. P.M.	injury in Port 1 or Part 2, I	tem 18.)
MIN the 4 sh rr fill e 3 s	MED	21d. INJURY OCCURRED 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No.	City ar Town	Caunty State
7 5 0 7			ion , Inquiry D	ond in my opinio
Se executor. Parton. P		death resulted from: Natural causes , Accident , Suicide , Homicide , U	Indetermined monner	
DEPUTY DIC ecessary, please ne funeral directory may be retained FUNERAL DIREC ealth priar ta b		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22b. DATE	SIGNED / ~ ~
PUTY Sary, unera y be IERAI		EXAMINER'S DEPUTY MEDICAL EXAMINER;	Z _9/	44/6/
o DEPUTY necessary, the funeral 5 may be o FUNERAL Health pri	02	NAME (Type) - LINPINCY ADDRESS(Street, city, town, o		ATTEO.
5 = = ~ 5 =	230	MEMOVAL (Specify) 9-25-68 Crest Lawn Cem 1	tion (City or Town) Sa	(County) (State) Rd
VR A15ME (8)	24	Danaedean Tuneral Hame Laure Ser'D By REGISTRA	1968 gcl	argustorie Indiane

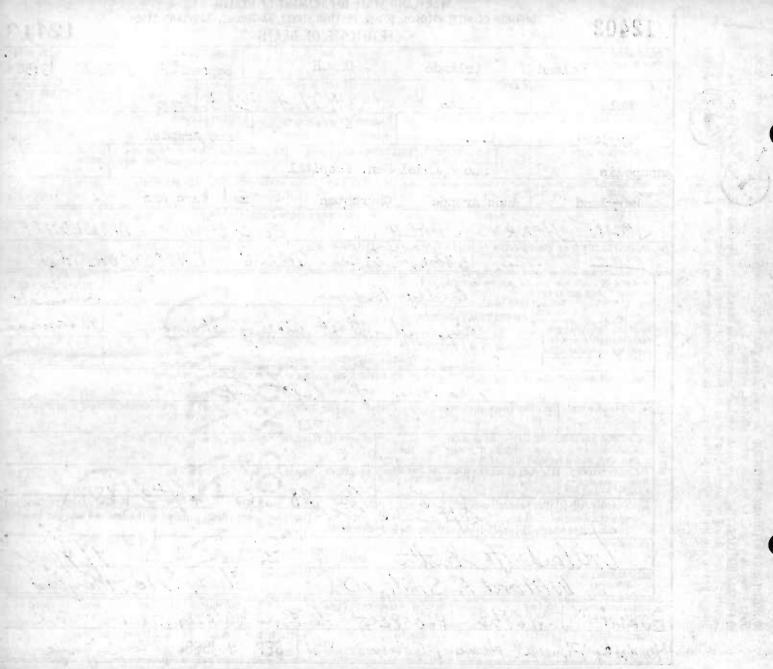


1		CEASED-NAME First			Middle		Last			ATE OF D	At IL D.	Vaor	2b. HOUR
		Laurenc			S	Dav				9	1)	00	7:20 m
	3. SE	Male	4. RACE	Whit	е		5. DATE OF BI	-1 0 -96	5	16	6. AGE (In years lost bidhdoy) YRS.	MONTHS DAYS	1F UNDER 24 HRS. HOURS MIN.
	70. B	IRTHPLACE (Stote or foreign		OF WHAT CO	UNTRY?	8. MARRIED	NEVER MAR	RIED		NTY OF D			
	COUL	Maryland	U	.S.A.		WIDOWED	75	RCED 🗌			Arundel		Md.
		OR TOWN OF DEATH Glen Burnie		give street a		undel		during n	nost of w	orking lif	Kind af wark dane fe, even if retired.)	INDUSTRY	BUSINESS OR
	13o. odmi	USUAL RESIDENCE (Where deceossion) ${\sf STATE}_{\sf Md}$.	sed lived, if 13b. CO	institution: Re		13c. CITY OF Seve		13d. INSIDE CITY YES	NO 🗌		et and number 1 Box 323		
İ	14. F	ATHER'S NAME First	M	iddle	Last	1:	S. MOTHER'S MA	AIDEN NAME	First		Middle		Last
1		Samuel			Davi				Mary		E11		eeson
	16a. Y		MED FORCES? var or dates of se	rvice)	OCIAL SECURITY I		INFORMANT				Rt Address B		
		Yes			2/07/95		Mildre	d M	Mitc	hell	Severn	APPROX	MATE INTERVAL
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:		(a), (b), ond (c).		: 4	1 - B				BETWEEN C	ONSET AND DEATH
ı	У	486× IMMEDI	ATE CAUSE (c		ONSEQUENCE OF	Time	0	quiac				non	0
1		Conditions, if any, which gave		U, UK AS A LL	KILCH	100	Parkon.	mila				2.4	1h
1		rise to immediate cause (a), stating the underlying cause	DUE TO	O, OR AS A CO	INSEQUENCE OF	120	- PUINI	UVIEVE			100		
1		last.		(c)			110,000			-			
1		PART 2. OTHER SIGNIFICANT CO	NDITIONS CO	NTRIBUTING T	O DEATH BUT N	OT RELATED T	THE TERMINA	L DISEASE OF	CONDITIO	N GIVEN	IN PART 1(a)		
1	NO	492×	m	1. Just	evine	Obs	endru	1 Chr	ny	De	read		
	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION	FOR WHICH OP	ERATION WAS PE	RFORMED	20o. AUTO		_ /		'ES, WERE FINDINGS C OF DEATH?	ONSIDERED IN C	ERTIFYING
	ERTIF	21a. ACCIDENT WAS UNDERLYI	IC OIL	TIME OF INJUR	V	21, 11	YES		The second		in Port 1 or Port 2,	Itam 193	1-7-1-1-1
		OR CONTRIBUTING CAUSE OF DEA	TH HOU		ith Doy Year		OW INJURY OU	LUKKEU/(En	ei nature	at injury	in ron 1 or ron 2,	irem 18.)	
	MEDICAL	(If either, notify medical exam 21d. INJURY OCCURRED 21e	PLACE OF II	P.M.	AE, FARM, STREET, FAC BUILDING, ETC.	TORY.) 21f 10	OCATION Street	et or R F D N	lo.	City or	r Tawn	County	Stote
		While Nat while at wark at work	. I Shee of II	OFFICE	BUILDING, ETC.	7 211. 6	Julion 31160	JI K.I.J. II		ci, 0		3001117	
		di wark di work	is haspita	l) ottended	the decease	ed from_	11.6	194	61.	to	9-13, 19	, tho	(I) (we) lost
		220. I certify that (I) (the saw the deceased of	live on_	9-1	3-1	9 Se an	d that in (m	y) (aur) a	pinion d	eoth oc	Eurred on the do	te and haur	ond fram the
	-	couses stated abov	e, (I) (We)	(ala) (ald n	or) view the	body atter	aeoin.				220	DATE SIGNED	
1		AMA.	n	Tar st	16/	DEGI	REE PHYS.	NG D	MED. DIRECTOR		STAFF PHYS.	-11.	68
1		22d. PHYSICIAN'S		eres p	250		22e. ADE		DIRECTOR		11113.	-/4	0 0
		NAME (Type) Hi	lary	T. 01	derlihy		No	rth A	rund	el H	Hospital		4-5-1
	230.	DEMONIAL (C 15)	DATE		23c. NAME OF						l (City or Town)	(County)	(Stote)
			/16/6				Mem'l				Burnie,	Md.	
	24.	FUNERAL DIRECTOR R.P. Ware			DO FUNE		ome	2Sa. REC'D			2Sb. REGISTRAR'S		das
					omie N								



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12402 CERTIFICATE OF DEATH 2b. HOUR△ 2g. DATE OF DEATH DECEASED-NAME First Middle Lost within 24 hours after deoth (Type or print) Month DORSEY September Howard Wilson 1968 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthdoy) DAYS HOURS papers. Pages hin 72 hours aft MONTHS I August 14.1888 Male Negro 7p. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) DIVORCED | Anne Arundel County United States WIDOWED | Maryland filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY carben Anne Arundel General Annapolis Custedian Church 13o. USUAL RESIDENCE (Where decepsed lived, if institution; Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMPES? 13e STREET AND NUMBER The law requires that the death certificate be executed admission) STATE Maryland Anne Arundel Severna Park YES NO A Rt. 1, Box 405 buriol, cremotion, or removol, and in ony Middle ond 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle Maria Louise UNKN Dorsey Howard 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no. or unknown) (If yes give war or dates of service) 219-12-3010 Sadie Day Rt 1 Severna Park. Md 45-96-95-96-95 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: -arcin una 1000 1 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 moy be retained by the hospital or ottending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, OR CONDITION GIVEN IN PART 1(a) **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to Aug tats 20 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPS ? CAUSES OF DEATH? YES [NO NO 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INTURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (D)(this haspital) attended the deceased from 1968, and that in (my) (aur) opinian death accurred an the date and haur and from the causes stated abave (1) (we) (aid nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 9/20/68 DEGREE PHYS. DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 1407 Forest Drive, Annapolis, Maryland. John L. Hedeman 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) Carpenters Hill 9-23-68 Md 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1968 DATE SEP 2 4 30M REV. C.E. Hicks, 111 Annapolis, Maryland

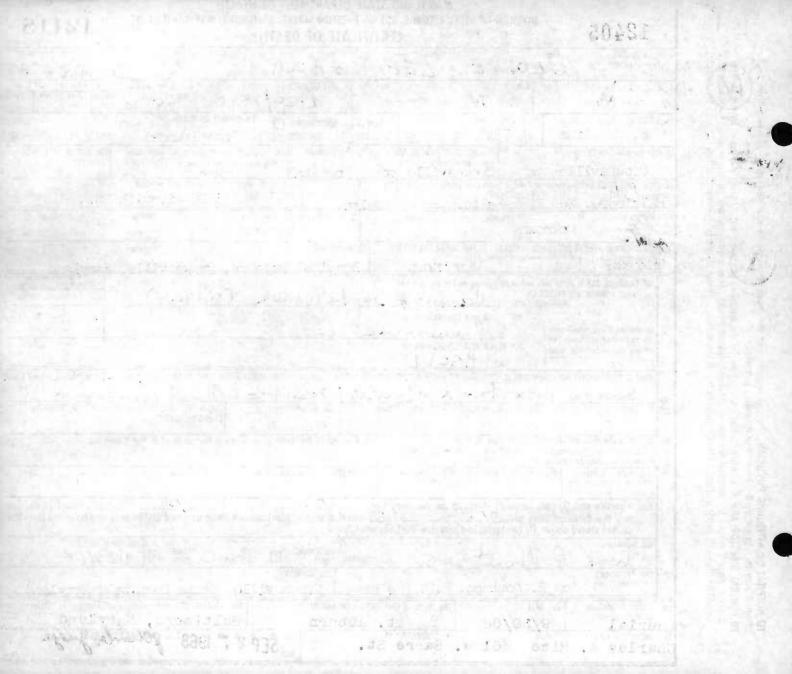
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MAKYLAND STATE DEPARTMENT OF HEALTH



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3. SEX Female	4. RA	Negro	S. DATE OF BIRTI		6. AGE (In year lost birthday)	YRS. IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
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10. GTY OR TOWN OF DEAT	ė	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospitol \mathbf{ndel}		ATION (Kind of work rking life, even if reti		BUSINESS OR
13o. USUAL RESIDENCE (Whodmission) STATMA	ere deceosed lived,	if institution: Residence before COUNTA . A . CO .	13c. CITY OR TOWN 13d Glen Burnie Y		3e. STREET AND NUMB $Rt1 \; Box \; 42$		
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While Nat while at work 220. I certify the	ED 21e. PLACE O at (I) (this hosp	F INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	d fram G 2 f	, 19 65, to (our) opinian de	City or Town G 9/2 yearth occurred on to STAFF PHYS. G	Caunty 2, 19 68, that he date and haur 22c. DATE SIGNED 2 8 / 2 8 /	State It (I) (we) los and from the
230. BURIAL, CREMATION,	23b. DATE IO-2-	-68 Halls	Mem Church	Yard 23d. to	OCATION (City or Town A.A, CO.,	Md	(Stafe)
24. FUNERAL DIRECTOR 1. L. Browns	&Son -I	ADDRESS 08-W. Montgome	ery St	Sa. REC'D BY REGIST	1968 REGIS	TRAR'S SIGNATURE	wer.

MAKTLAND STATE DEPAKIMENT OF HEALTH

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		Female	Whi		1-11	5-24-			72 YRS.		
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1/		TY OR TOWN OF DEATH	give	NAME OF HOSPITAL OR IN			2a. USUAL OCCI	UPATION (Kind of wo	ark dane	12b. KIND OF INDUSTRY	
13	Ba.	len Burnie USUAL RESIDENCE (Where dece	ased lived, if institu	North Arur	13c. CITY OR	TOWN 13d. II	NSIDE CITY LIMITS?	13e. STREET AND NO	JMBER		
		ssion) STATE Maryla	13b. COUNTY	ΔΔ	Pasad	Vrc		Rt. 11		174	
i	4. F	ATHER'S NAME First	Middle	Last		MOTHER'S MAIDEN	I NAME First		Middle	1 1 4	Last
		, , , ,		2231	13.	The state of the s					
1		WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECURITY	NO. 17. IN	FORMANT			Address		
	Y	es, na, ar unknawn) (If yes giv	war or dates of service)	TOWNE S							
=	1	18. CAUSE OF DEATH (Enter	anly one couse per l	ine for (a) (B) and (c)).)					APPROXII	MATE INTERVAL NSET AND OEATH
ľ		PART I. DEATH WAS CAUS	SED BY:	and	C 1 111	200-07	011-			DELWEEN O	MSET AND UEATH
1		1570 IMME	DIATE CAUSE (a)	AS A CONCEOURNES OF	0000	vvvass	m				
1		Canditians, if any, which gave		AS A CONSEQUENCE OF	10-	. ta : 1				1 300	
		rise ta immediate cause (a)	(D)	AS A CONSEQUENCE OF	ucasa	www	1) M				
1		stating the underlying cause	(6)			and bod	v of t	he pancre	88 W	ith	
1		PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBI							- 7	
1		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIB	OTINO TO DEATH BOT T	metas	stases t	o the	(L) lung			
	N N	19a. DATE OF OPERATION 19	L CONDITION FOR WI	HICH OPERATION WAS P	FREORMED	20a. AUTOPSY?		20b. IF YES, WERE	FINDINGS CO	ONSIDERED IN CE	RTIFYING
	CERTIFICATION	The state of the s				YES TX	NO 🗌	CAUSES OF DEATH?			
1	K	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME C	OF INSURY	21c HO			e of injury in Part 1	or Port 2	Item 181	
		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	Manth Day Year		11 HOURT OCCURRE	E (EIII II IIIIII	e or anjury in rull 1	or ruit Z, I	10.7	
	MEDICAL	(If either, natify medical example 21d. INJURY OCCURRED 21	niner) P.M.		19 ACTORY 1 215 100	CATION Street or	DED No	City on Tour		Country	State
		While Not while at wark of wark	e. PLACE OF INJURY	(AT HOME, FARM, STREET, FA	211. LOC	LATION Street or	K.P.D. Na.	City or Town		County	21016
1		at wark ot wark	1 1 1 15 15		1.6	1/21	10/0		5 10	100	//\ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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		couses stated obo	ve (I) (we) (did)	(did not) view the	body after d	eath.	out obtition	death occurred o	ii iiie ao	re ond nour	ona from the
		22b. SIGNATURE	1 die	/ view ine	body dilei d				22c [DATE/SIGNED	
П	- 1	12.1	all s	4uzm	an DEGRE	ATTENDING PHYS.	MED. DIRECTO	R STAFF [19	13/6	8
		10.01	21	11/11/1	4 4 -1	122e. ADDRESS		HOS D	7-41	1/5	4
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		22d. PHYSICIAN'S NAME (Type)	A. de	(242A	1812 94	11 6%	5A) 7	STIPAITE	. 1/	Tol.	1061
0.11	30	NAME (Type)	A. de	GUZAS	CEMETERY OF	DEMATORY	EN L	LOCATION (City or T	, M/	(County)	4061 (State)
2	3a.	NAME (Type) BURIAL, CREMATION, 23b	A. de.		CEMETERY OR O			LOCATION (City or T Baltimo		(County)	(State)
	I	NAME (Type) BURIAL, CREMATION, 23b	A. de. D. DATE 0-7-68		n Park	Cemetery		Baltimo	re, M		

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54	Gí	ry or town of DEATH en Burnie	Dive 11.1	NAME OF HOSPITAL OR IN Ostroadalres A. T. U. T.	odel H	ospital 120. US	Poh y Sožie	N (Kind of work done in the land)	12b. KIND OI L 1° ENGLUSTRY	F BUSINESS OF
2	13q oday	USUAL RESIDENCE (Where deceo	sed lived, if institution 13b. COUNTY	tion: Residence before	Glen	Burn LEX	LIMITS? 13e.	STREET AND NUMBER OF Oakwo	od Rd.	
1	14. F	ATHER'S NAME First	Middle	Lost	IS.	MOTHER'S MAIDEN NAME	First	Middle		Lost
		JOSEPH	-	FAUBER		LUGERINE	- 3	?	BRUNE	ELLE
	160. Y		MED FORCES? war ar dates of service)	217-38-		FORMANT Catherine	Fairh	Address	Above	
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		EQQ O	ATE CAUSE (o)	//	almi	- 1			a	ays
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		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OF	CONDITION GIV	VEN IN PART 1(o)		
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0	CERTIFICATION	190. DATE OF OPERATION 19b	CONDITION FOR W	HICH OPERATION WAS P	ERFORMED	20o. AUTOPSY?	CALIC	IF YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
d	RTIFIC					YES NO	9	SES OF DEATH?		
		210. ACCIDENT WAS UNDERLY!	NG 21b. TIME (W INJURY OCCURRED (En	ter noture of in	jury in Port 1 or Port :	2, Item 18.)	
	MEDICAL	(If either, notify medical exam	iner) P.M.	1	9					
	2	21d. INJURY OCCURRED 21e While Not while	. PŁACE OF INJURY	OFFICE BUILDING, ETC.	21f. LO	CATION Street or R.F.D. I	lo. Ci	ity or Town	County	Stot
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		22a. I certify that (I) (the saw the deceased of	iis naspitai) at ilive an	tended the deceds	1965 and	thot in (my) (our) o	ر ، الكرم pinion death	occurred on the	dote and hour	r ond from
		couses stated abov	e, (I) (we) (did) (did not) view the	body ofter d	eath.				
11		22b. SIGNATURE	my.	1.1.		ATTENDING 📥	MED.	STAFF 7	c. DATE SIGNED	16
		Man	May	hall	DEGRE	E PHYS.	DIRECTOR L	PHYS.	7-10-	65
		22d. PHYSICIAN'S NAME (Type)		Olegalib	3	22e. ADDRASS	on Rur	nie, Md.		
1		- FALL		OHELLIN	7					10
	230.	DEMOVAL (Caracida)	DATE /12 /60		CEMETERY OR			TION (City or Town) n Burnie	(County)	(Stote)
Va	34	funeral director	/13/68	ADDRES		Cemetery	BY REGISTRAR		,	
18		Raymond C. F		Glen Burn					mes fu	

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11	1	12410 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
A Company of the Company		CERTIFICATE OF DEATH
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within 24 hours after deoth ely filled in by hetareral bon popers. Pages 4 and 2 within 72 hours after death	3. 51	Male White 7-9-03 lost birthdoy) ANS HOURS MIN.
physician. physician. signed by the ottending physician and completely filled in by burial-transit permit. Then please remove carbon papers. Purial, cremotion, or removal, and in any event, within 72 hours	COU	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MC
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requires that the death certificate be physician. I signed by the ottending physician or burial-tronsit permit. Then please to burial, cremotion, or removal, ond in	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no of unknown) (If yes give war ordered porvice) (If yes give
eath ce ending nit. Th		18. AUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Inducation Laborate L
it the d the oth sit perr notion,		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove trise to immediate couse (a), (b)
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The low offendin hos bee use as the the prior t	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO CAUSES OF DEATH?
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PHYS the host this celetache bept.	WE	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote of work of work
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or oftending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre		22a. I certify that (#) (this haspital) ottended the deceased from 1960, 1960, to 1960, to 1960, that (I) (we) las saw the deceased alive on 1960, and that in (my) (ev) opinion death accurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter death.
OR ATI be retain SIRECTO e 3 sho ed with		22b. SIGNATURE The phys. Degree Phys. Director Phy
TO HOSPITAL Poge 4 may 1 O FUNERAL D director, pog		22d. PHYSICIAN'S NAME (Type) Philip D. Lynn, M. D. 22e. ADDRESS Chase St. 21202
TO HO Poge Street Shoul	/	BURTAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION KITY OF TOWN (Stote)
VR ALS (1)	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE SEP 3 0 1968 ACLIANCE UNDER

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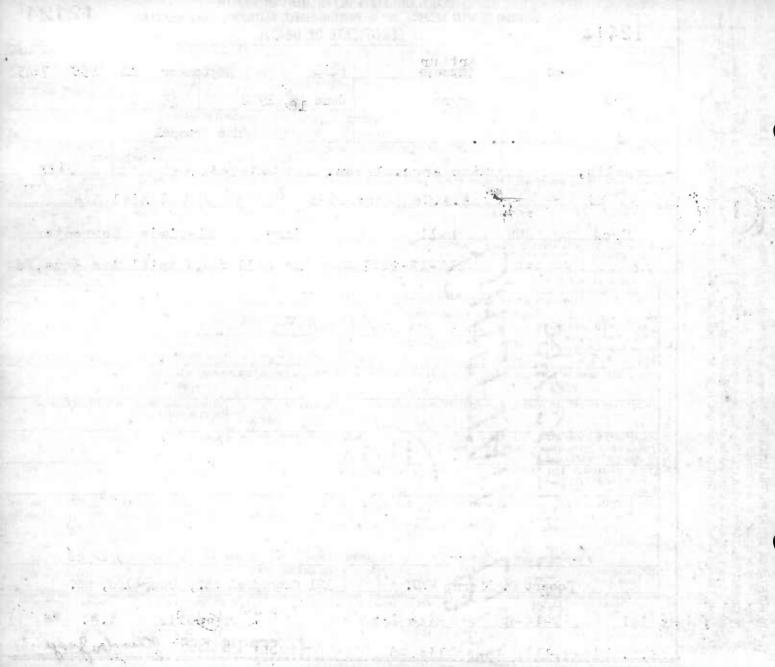
1	2411	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BAL ERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	12421		
	EASED-NAME First pe or print) Hazel	y (Simpson	Last FUHRMAN	September 22, Day	1988 8:23 M		
3. SEX	Female	4. RACE White	S. DATE OF BIRTH 11-9-99	6. AGE (In years last bighday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		
7o. Bl	RTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY? United States	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Anne Arundel	County Md		
1D. 00	Y OR TOWN OF DEATH Annapolis	11. NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 12a. US Arundel General	UAL OCCUPATION (Kind of work dane mast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
13a, U admis	ISUAL RESIDENCE (Where deceasesian) STATE Marylan	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY	NO RFD #2, Box	262		
14. FA	THER'S NAME First	Middle Lest	15. MOTHER'S MAIDEN NAME	First Middle	les last		
	NAS DECEASED EVER IN U.S. ARA s, na, or unknown) (If yes give w	MED FORCES? Tot or dates of service) 16b. SOCIAL SECURITY N	0. 17. INFORMANT [Revel E	Fichry	an - Eline		
	PART I. DEATH WAS CAUSE IMMEDIA Canditions, if any, which gave hise to immediate cause (a), stating the underlying cause ast.	ATE CAUSE (a) A CONSCOURNCE OF	SC/EROTIC M	EMET DISEASE	S YEMPS		
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3	?Ta. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT If either, natify medical exami	HOUR A.M. Manth Day Year ner) P.M. 19		ter nature of injury in Part 1 or Part 2,	Item 18.)		
	21d. INJURY OCCURRED 21e. While Nat while 1 at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street at R.F.D. N	ła. City ar Tawn	Caunty State		
	22o. I certify that (I) (this hospital) attended the deceased from 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,						
	226 SIGNATURE)	rd SBed	ATTENDING PHYS. 22e. ADDRESS	MED. STAFF 22c. DIRECTOR PHYS. STAFF	DATE SIGNED 8		
23a.	NAME (Type) Edw BURTAL, CREMATION 23b. REMOVE (Specify) 23b.	DATE 2 / 23c. NAME OF C	EMETERY OR CREMATORY	3 Franklin Street, 23d. LOCATION (City of Jown)	Annapolis, Mo		
24. F	UNTERAL DIRECTOR	Januare Seve		BY REGISTRAR 25b. REGISTRALS EP 2 5 1968	SIGNATURE		

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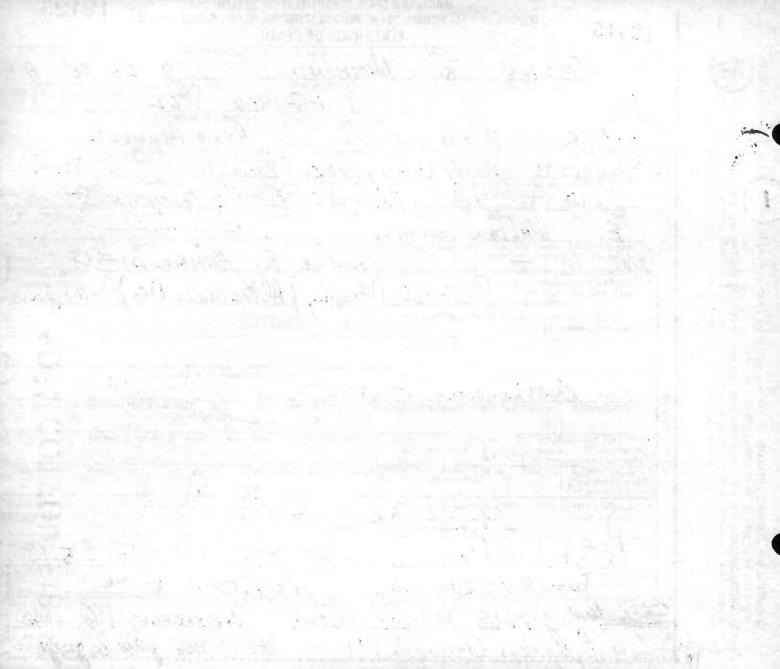
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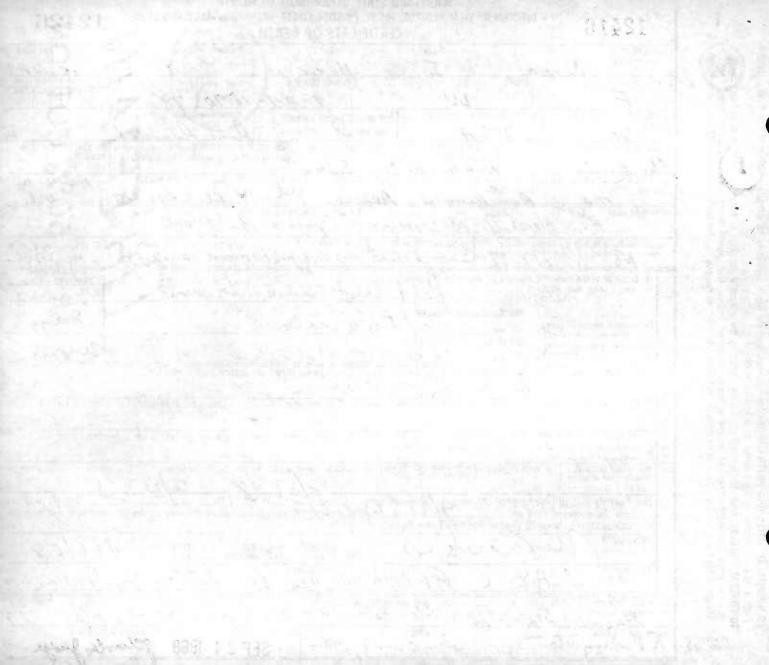
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22d. PHYSICIAN'S NAME (Type) Robert O. Biern, M.D. 22e. ADDRESS 121 Cathedral St., Annapolis, Md. 23o. BURIAL, CREMATION, REMOVAL (Specify) 9-14-68 Pine Lawn Annapolis A.A. Md 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		ing sen		NO	4201						
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22d. PHYSICIAN'S NAME (Type) Robert O. Biern, M.D. 22e. ADDRESS 121 Cathedral St., Annapolis, Md. 23o. BURIAL, CREMATION, REMOVAL (Specify) 9-14-68 Pine Lawn Annapolis A.A. Md 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		the de de de late [OI WOLK OI WOLK	this hasnitall attended the decoa	seed from 9/11	19 to	9/11	Q 28 that	(I) (we) lost
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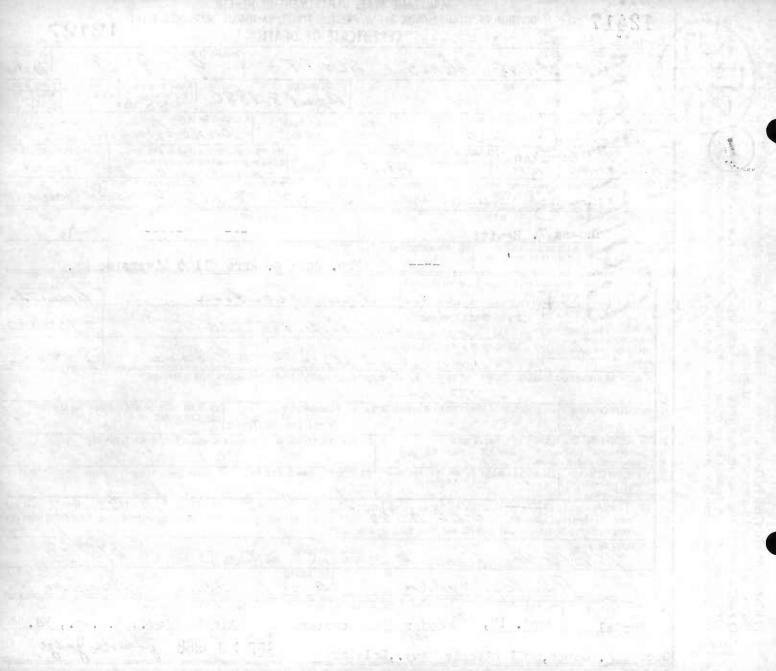
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12415 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 2b. HOUR DECEASED-NAME ithin 24 hours after death (Type or print) MOND 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS. 3 SEX last birthday) HOURS MONTHS DAYS the YRS. buriol, cremotion, or removol, and in any event, within 72 hours 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) = carbon papers. DIVORCED [WIDOWED HNNE filled 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) INDUSTRY during most of working life, even if retired.) completely DUCATION ACEY (Where deceased lived, if institution: Residence before L3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER xecored STATE 13b. COUNTY NO T remove Middle 'S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Last ond O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be lease physicion c 16b. SOCIAL SECURITY NO 17, INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL attending p 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF the Canditians, if any, which gave) TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached far use as the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2. OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) offending directar, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190. DATE OF OPERATION TAUSES OF DEATH? YES [NO TE 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. State 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while at wark at wark 220. Lertify that (I) (this hospital) attended the deceased from ta , and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on. be retoined causes stoted obove, (1) (we) (did) (did not) view the body after death. DATE SIGNED 3-68-22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR PHYS PHYS 22e. ADDRESS 22d. PHYSICIAN'S 0014 NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) 23b. DATE REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 196B



				D STATE DEPARTMENT OF H		
- 1		12416		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	12426
				CERTIFICATE OF DEATH		
stained by the hospital or ottending physician. Stained by the hospital or ottending physician. Should be detached for use as the buriol-tronsit permit. Then please remove calcaptagers. Poge 1 and 2 in the Stote Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours aftracent.		CEASED-NAME First ype or print)	Middle	Lost	2a. DATE OF DEATH Month Doy	Yeor 2b. HOUR
72		Noe		HEERIN	9 2	1 68 2PM
di	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR
		F	W	7-24-	1890 78 YRS.	
	7o. I	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	MAKKIED NEJEK MAKKIED	9. COUNTY OF DEATH	
		"Va.	USA	WIDOWED DIVORCED	Hone Heundel	Md.
90	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street oddress)		L OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
cremation, or removal, and in any event,	13o. odm	USUAL RESIDENCE (Where deceos ssian) STATE	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIL	MITS? 13e. STREET AND NUMBER	ARNOUS,
1	14.	ATHER'S NAME First	Parshall Mc Leare	IS. MOTHER'S MAIDEN NAME FI	irsh Mark Middle	Lost
		WAS DECEASED EVER IN U.S. ARA es, no, or inknown) (If yes give y	MED FORCES? [16b. SOCIAL SECURITY I	NO. 17. INFORMANT	Address /	736 Redwood Ave
		10 /	11/11 227-613	137 A Mrs. Virginia Ha	mmond (daughter) Bo	APPROXIMATE INTERVAL
	H	PART I. DEATH WAS CAUSED	ly ane cause per line far (a), (b) and (c). D BY: ATE CAUSE (a)	ventricula	failure	BETWEN ONSET AND DEATH
		7070	DUE TO, OR AS A CONSEQUENCE OF	4	0	0
		Conditions, if ony, which gove	(b) Jeh	licerne		day
		rise to immediate couse (o), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	0' 1 0	THE PERSON	MILLETT
		last.	(c) 1/2CC	lity were	1	1000mg
	×	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
0	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
or	RIFI			YES NO 👚		
	MEDICAL CE	21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF OEAT (If either, natify medical examin	H HOUR A.M. Manth Day Year		nature af injury in Part 1 ar Part 2, I	tern 18.)
	ME		PLACE OF INJURY (AT HOME, FARM, STREET, FAC		City or Tawn	Caunty State
		di waik di waik	:- h:x-() -xx	and from 5723 19	9/2/	500 41-1101
		sow the deceased o	is hospital) attended the decease	9 and that in (my) (our) opi	nign death occurred on the do	te and hour and from the
		causes stated abave	e, (I) (we) (did) (did not) view the	bady ofter death.	man deam occurred on the do	ie ond noor ond nom me
		22b. SIGNATURE	12 autoin	ATTENDING M	ED. STAFF	DATE SIGNED
		22d. PHYSICIAN'S	1 200 4 4)	DEGREE PHYS.	IRECTOR PHYS.	10168
-		NAME (Type)	to C FICA	NKW 22e. ADDRESS YW SO	: diklu Hay	- Che Buie as
	230.	BURIAL, CREMATION, REMOVAL (Specify) 23b.	DATE 24/2 23c. NAME OF	CEMETERY OR CREMATORY Haven Mem Park	23d. 10CATION (City or Town)	(County) (Stole) 06
ดด	24	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D B'	Y REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	17	1 Singilitor	> GlenBu	Arnie, Md DATE SE		when Judge



- 1		19/15	DIVISION OF V	/ITAL RECORDS, 30		TON STREET. E		ARYLAND 21201	755. 7	
-	T+,	em#11 Film#G40				TE OF DEAT			1242	7
100	1. DE	TEASED-NAME First (pe or print) CATHE		Middle AGNES	HE	Lost	2o. DATE	OF DEATH Month 9 Do	1468 Yeor	2b. HOUR 10 A.
	3. SEX	F	4. RACE	W		DATE OF BIRTH	, 1880	6. AGE (In years lost birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
্ব	coun	Maryland		//	MARRIED [NEVER MARRIED DIVORCED	9. COUNTY		edel	N
	10. CI	Bultonne	ban II. NA/	ME OF HOSPITAL OR INSTIT	UTION (If not in	d	USUAL OCCUPATION	ON (Kind of work done ng life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
		JSUAL RESIDENCE (Where decease sion) STATE		n: Residence before	Se CITY OR TO	WN 13d. INSIDE		STREET AND NUMBER	sale N	sive
	14. F.	ATHER'S NAME First	Middle	Lost	1S. N	OTHER'S MAIDEN NA	ME First	Middle		Lost
ŀ	14:	Thomas F		16b. SOCIAL SECURITY NO.	117. INFO	DMANT		111	Coyl	e
	160. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give wo	r ar dates of service)	16B. SOCIAL SECURITY NO.		. Anna E.	Arro	Address	ide Dr.	
I		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line		1			•		IMATE INTERVAL ONSET AND DEATH
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١		Conditions, if ony, which gove		A CONSEQUENCE OF	il	wherte	acaesas		23	eass
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1		stoting the underlying couse lost.		Teneraly	ed a	Ertorio	seles	0212	3-9	ieass
		PART 2. OTHER SIGNIFICANT CON			RELATED TO TI	HE TERMINAL DISEAS	E OR CONDITION GI	VEN IN PART 1(o)	0	
1	NO	443X		mane_						
	CERTIFICATION	190. DATE OF OPERATION 19b. (ONDITION FOR WHI	CH OPERATION WAS PERFO	DRMED	20o. AUTOPSY? YES \ N		IF YES, WERE FINDINGS SES OF DEATH?	CONSIDERED IN C	ERTIFYING
	B	21a. ACCIDENT WAS UNDERLYING or contributing cause of Death (If either, notify medical examin	HOUR A.M.	INJURY Month Doy Year	21c. HOW	INJURY OCCURRED	(Enter noture of in	njury in Port 1 or Port 2,	Item 18.)	
	MEDI		PLACE OF INILIRY /	AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	21f. LOCA	TION Street or R.F.	D. No.	ity or Town	County	State
		22a. I certify that (I) (this saw the deceased al	ive on	ept. 7 196	ex, and f	hat in (my) (aur				t (I) (we) la and from th
1		couses stated abave	(I) (we) (did) (did net) view the ba	dy after dea	ith.		1 220	. DATE SIGNED /	
I		Il M. M.	Huch	her, M.	O DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	9/9/6	8
		22d. PHYSICIAN'S NAME (Type)	mc La	ughhin		22e. ADDRESS 3708	Monus	Gion Rd. 6	Pasales	us Ma
	230.	BURIAL, CREMATION, 23b. D REMOVAL (Specify)		23c. NAME OF CE				ATION (City or Town)	(County)	(Stote)
	24	Burial Se	pt. 12,	196 Cedar H	ill Ce	metery	Ritch EC'D BY REGISTRAR		A.A.Co.	Md.
			1001 Ri+a		Baltim		SEP 1 3	1968 Jelio	wees Jan	dae
	Ge	orge J. Gonce.l	1001 Rito	hie Hgwy.,	Baltim	ore DATES	SEP 13	1968 you	wees you	de



	CEASED-NAME First ype ar print)	Middle	Last Last	2a. DATE OF DEATH Manth	Day Year 2b. HOUR
	Pearl		HOAGLAND	September 21	. 1968 6:45
3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNGER 1 YEAR IF UNGER 24 HRS MONTHS DAYS HOURS MIN
	Female	White	8-9-8		RS.
7o. l	BIRTHPLACE (State or foreign 7b	. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
10.0	New York State	United States	WIDOWED DIVORCED D	Anne Arundel JSUAL OCCUPATION (Kind of work do	
10. 0	ITT OR TOWN OF DEATH	aive street address)	during	mast af warking life, even if retired	ne 12b. KIND OF BUSINESS OR INDUSTRY
130	Annapolis	Anne Arunde lived, if institution: Residence befare	EI General III III III III III III III III III I	TY EIMITS? 13e. STREET AND NUMBER	School
admi	ssian) STATE	13b. COUNTY	Risadora YES	NO POS B	W53
14. 1	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAM	AE First Middle	Last
	WAS DECEASED EVER IN U.S. ARMED es, na, ar unknown) (If yes give war or		O. 17. INFORMANT	Resolo -	alove
	18. CAUSE OF DEATH (Enter only o	ine cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED B'	Y: CAUSE (0) ACUTE S	SUPPURATIVE T	Y LRO, NEPHRIT	15
	5901	DUE TO, OR AS A CONSEQUENCE OF	AND C	४डा एड	
	Canditians, if any, which gave nise ta immediate cause (a),	(b)			
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
	last. 6000	(c)	T DELATED TO THE TOTAL DISCOURT	OR COMPUTION OFFICE AND ADDRESS OF THE PARTY	
-	PART 2. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NO		OKCONDITION GIVEN IN PART I(a)	
CERTIFICATION	19a. DATE OF OPERATION 19b. COM	IDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?		GS CONSIDERED IN CERTIFYING
TIFIC	9-5-18 F	PUNCTURE (C) FI	MURL YES NO	CAUSES OF DEATH?	YES
	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		Enter nature af injury in Part 1 ar Part	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	HOUR A.M. Manth Day Year P.M. Q - 2 - 19	68 PT FELL	-L-	
ME	21d. INJURY OCCURRED 21e. PLA While Nat while	ACE OF INJURY (AT HOME, FARM, STREET, FACT			Caunty State
	220. I certify that (1) (this-	nespital) attended the deceose on SEPT 20	d from Siver 2,1	9 68, to SEPT21,	19_68_, that (# (we) la
	sow the deceased alive	l) ((did not) view the b	ondy after death	opinion death accurred on the	date and hour ond from th
	22b. SIGNATURE	-		2	22c. DATE SIGNED
	/ Zichard	r. hasschell	MDDEGREE ATTENDING PHYS.	MED. DIRECTOR D STAFF PHYS.	9-23-68
	22d. PHYSICIAN'S NAME (Type) Rich		22e. ADDRESS		
1	A. K. C. III			edral Street, Ann	
23a.	BURIAL CREMATION, 23b. DAT	23c. MAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
24/	BUNERAL DIRECTOR	ADDRESS	1/2Sa. REC		AR'S SIGNATURE
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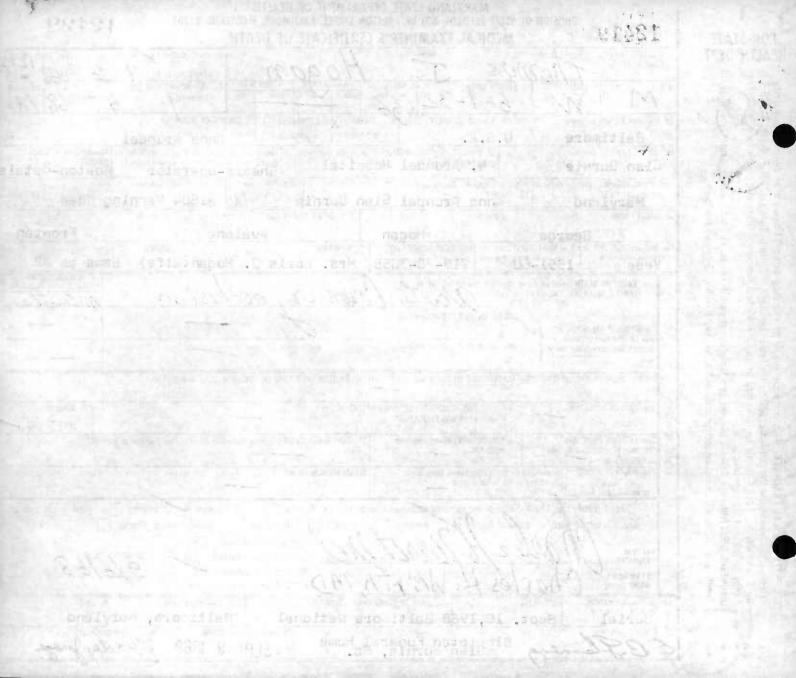
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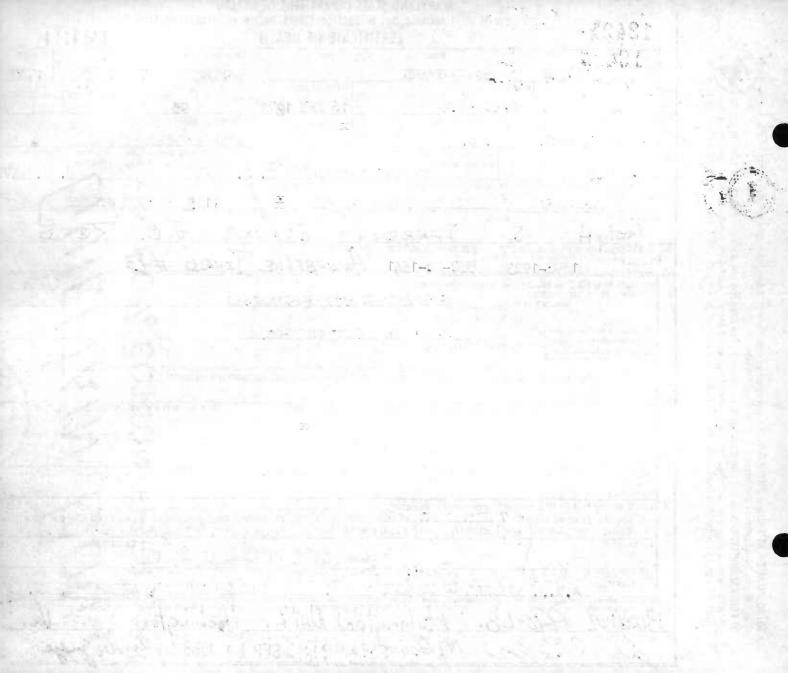
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME 2a. DATE KNOWN Manth (Type or Print) ESTI-DEATH MATED Page S. DATE OF BIRTH AGE (In years LE LINDER 1 Y IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [U.S.A. WIDOWED | altimore Anne Arundel Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12h. KIND OF BUSINESS OR after death during most of working life, even if retired.)
Shears-operator givastreet Addes in del UNDUSTRY Boston-Metals Hospital Glen Burnie 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death MarvIand 13b. COUNTY Anne Glen Burnie YES NO X #1604 Manning Road တ် Arundel and 2 24 haurs Office in Item 1 after 14. FATHER'S NAME Middle First Last 1S. MOTHER'S MAIDEN NAME First Middle Avalene Frantan Hogan George Examiner's pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS within pencil (Yes, no, or unknown) 1951-50 service) 219-28-3055 Mrs. Doris J. Hogan(Wife) Same 25 File APPROXIMATE INTERVAL ⊆ within be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) permit. BETWEEN ONSET AND DEATH pending PART I. DEATH WAS CAUSED BY: unary occiusion IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 2 and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 farwarded 00 removal CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES T NO K pe 10 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) 3 should should HOUR A.M. PRIMARY OR CONTRIBUTING cremation, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. County Stote City or Town factory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK AT WORK please execute burial, 220. I certify that I took charge of the remains described above, held on Autopsy Inspection -Inquiry ond in my opinion deoth resulted Natural couses Homicide Undetermined monner Accident Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIG NATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health ADDRESS(Street, city, town, or county) NAME (Type) 0 BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 10,1968 Baltimore National Baltimore. Maryland Sept. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sh. REGISTRAR'S SIGNATURE Singleton Funer Glen Burnie, uneral H Home 1968 VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

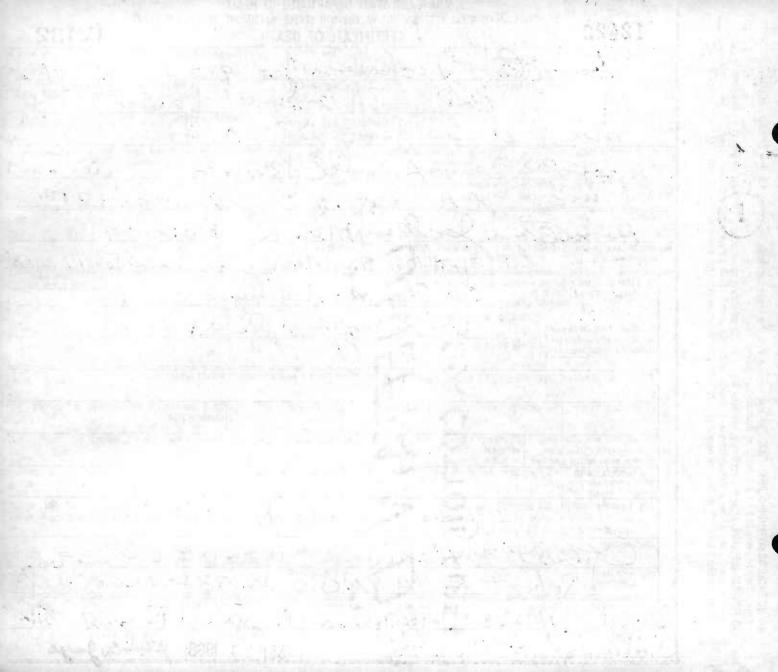


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	12421	DIVISION OF VITAL RECORDS, 30	STATE DEPARTMENT OF I I W. PRESTON STREET, BALT RTIFICATE OF DEATH		12431
	(Type or print) WAII		last	2a. DATE OF DEATH Manth SEPTEMBER 7	1968 1740
3.	SEX MALE	4. RACE CAUCASIAN	s. date of birth 16 MAY 1873	6. AGE (In years last birthday) 95 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	. 8IRTHPLACE (State or foreign nuntry) SOUTH CAROI	LINA U.S. W	MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH ANNE ARUNDEL	M
2	A NNA POLIS		TION (If nat in haspital during m HOSPITAL 12a. USU.	AL OCCUPATION (Kind of work done nost of working life, even if retired.) S. NAVY LIMITS? 13e. STREET AND NUMBER	12b. KIND OF BUSINESS OR INDUSTRY U. S. NA
00	mission) STATE MARYIA	13b COUNTY	1	0□ 1125 MADISON	V STREET Last
	RALPH	S. IZARD	ES+H	ER J.C.	REED
1	Yes, na, or unknown) (If yes	ARMED FORCES? give war or dates of service) 98–1923 16b. SOCIAL SECURITY NO. 552–86–1541	17. MFORMANT HWUABELLE	TZARD #13	APPROXIMATE INTERVAL
	Conditions, if any, which grise to immediate cause stating the underlying callast. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (a), USE (b) CEREBRAL DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT R		CONDITION GIVEN IN PART 1(a)	
DTIFICATIO	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER	19b. CONDITION FOR WHICH OPERATION WAS PERFO	YES X NO		
MEDICAL CO	OR CONTRIBUTING CAUSE O	FOEATH HOUR A.M. Manth Day Year		er nature of injury in Part 1 ar Part 2 a. City or Tawn	Caunty State
	at wark at work	(this hospital) attended the deceased of alive on 7 SETEMBER (b) pave, (1) (we) (did) (did not) view the book	fram, 19	, to, 1 sinian death occurred an the c	:. DATE SIGNED
1	Ba BURIAL, CREMATION,	23b DATE 23c NAME OF CEM 7-10-68 ROLL	ETERY OR CREMATORY 11/2.	23d. LOCATION (City or Jawn)	(County) (State)
2	4. FUNERAL DIRECTOR	APORESS HOUSE	ESTEP ST DATSEP		s signature



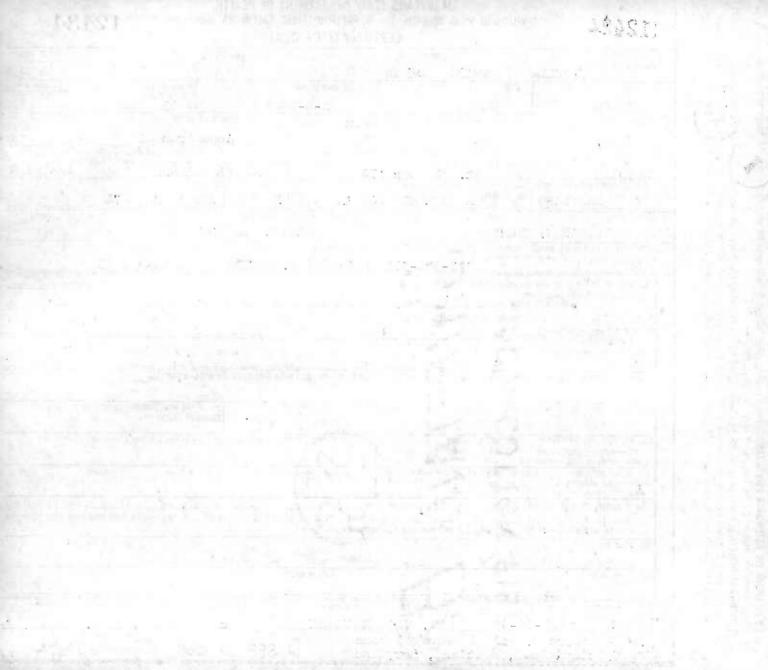
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		19/00	DIVISION OF VITAL RECORDS,			, MARYLAND 21201	40400	
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	I. DE	CEASED-NAME First	olon Middle	Rsow (Ina 20.1	P - 2 Month D	oy Yeor 2b	HOUR 25
	3. SE	× AA	4. RACE	S. DATE OF BIRT	4-41	6. AGE (In years last birthdoy)	MONTHS DAYS HOURS	ER 24 HRS. MIN.
	7o. E	SIRTHPLACE (State or foreign try)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE WIDOWED DIVORCE	-	NTY OF DEATH		Md
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital	120. USUAL OCCU	PATION (Kind af wark dane vorking life, even if retired.)	12b. KIND OF BUSINE	
)		USUAL RESIDENCE (Where decross ssion) STATE	d lived, if institution: Residence before		. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	×421.	
	14. F	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAID	EN NAME FIRST	Middle	Las	t
		WAS DECEASED EVER IN U.S. ARM es, na, ar unknawn) (If yes give w	as no datas afronsissa V	1 - 1 11	-04	Address	011-180	074
			214.38-109		riene	m Jours	APPROXIMATE INT	
		IB. CAUSE OF DEATH (Enter onl		n arrie	elles	mio,	BETWEEN ONSET AND	DEATH
		428X	DUE TO, OR AS A CONSEQUENCE OF	. (00-	2.		
		Conditions, if any, which gave a rise to immediate cause (a),	(b) Verol	myoca	ude	5. Da		
		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF					
			(c)	OT RELATED TO THE TERMINAL D	ISEASE OR CONDITION	ON GIVEN IN PART 1(a)		
	Z	431×						
,	CERTIFICATION	190. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WAS PER			2Db. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYI	NG
	ERTIF	21o. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	YES TOWN INVIEW OCCUR	NO	of injury in Port 1 or Part 2	Itom 18)	
	MEDICAL (OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year		KED (EIIIei IIdiole	rot injuly in rott t di rott 2	., Пен то.,	
	MED	21d. INJURY OCCURRED 21e. While Not while		TORY.) 21f. LOCATION Street of	or R.F.D. No.	City or Tawn	County	State
		al work all walk	s hospital) attended the decease	od from 1955	19	109-22-651	9, that (I) (we) los
		Sum the deceased di	s hospital) attended the decease	/, und mul mighty)	(aur) opinion o	leath occurred on the		
		22b. SIGNATURE	(I) (we) (did) (did not) view the t	7		22	c. DATE SIGNED	
		Dole	M. Holi	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	7-23-60	F.
		22d. PHYSICIAN'S NAME (Type)	bert R. H.F	HN P.O	". Box	73 Jever	ua Doi	P
	230	BURIAL, CREMATION, 23b. I	126/68 236 NAME OF 1	CEMEPERY OR CREMATORY, WILLIAM THE STILL	l \$30.	tocation (City or Joyn)	(County) (ST	re)).
	21	UNERAL DIRECTOR	Address	//	SO. REC'D BY RIGHT	1968 25b. REGISTRA	S SIGNATURE	
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18		12423 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12433	
rer death. funeral	death.	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b	. AoM 10:7
within 24 haurs after death filled in by the funeral bon-closes I and 2	s/after	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years Funder 1 year Funder 1 ye	DER 24 HRS.
4 haurs	2 hod	70. BIRTHPLACE (Stote or foreign Country Virginia 75. CITIZEN OF WHAT COUNTRY? WIDOWED 18. MARRIED VIEVER MARRIED 9. COUNTY OF DEATH WIDOWED 19. COUNTY OF DEATH Anne Arundel	Mc
ithin 24 filled	within 21	O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital log. USUAL OCCUPATION (Kind of work done log.) 12. KIND OF BUSINE INDUSTRY 12. USUAL OCCUPATION (Kind of work done log.) 12. KIND OF BUSINE INDUSTRY	ESS OR
	event,	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 748 Poplar Dr.	
be exected and contract of the	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within stained by the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and campletely fill should be detached far use as the burial-transit permit. Then please remave carbon-rith the State Dept. af Health prior to burial, crematian, ar removal, and in any event, with the State Dept.	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Los Edward E Jones Annie Elizabeth Hill Baber	it
ificate lysician		160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, nq. or unknown) Yes, nq. or unknown) WW W 11 16b. SOCIAL SECURITY NO. 577 03 2206 17. INFORMANT Hospital Records Glen Burnie, Md.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death control Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be defacted for use as the burial-transit permit. The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 9-5-68 Fracture right femur YES NO 21a. ACCIDENT WAS UNDERLYING (if either, natify medical examiner) 21b. TIME OF INJURY HOUR A.M. Manth Day Year (if either, natify medical examiner) P.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 19a. DATE OF OPERATION 9-5-68 Fracture right femur YES NO CITY OF ONE AS A CONSIDERED IN CERTIFYI (if either, natify medical examiner) P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 19a. DATE OF OPERATION 9-5-68 Fracture right femur YES NO CITY OF TOWN County 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 19a. DATE OF OPERATION 9-5-68 Fracture right femur YES NO CAUSES OF DEATH? 19a. DATE OF OPERATION 9-5-68 Fracture right femur YES NO CAUSE OF DEATH? 19a. ACCIDENT WAS UNDERLYING (If either, natify medical examiner) 19a. ACCIDENT WAS UNDERLYING (If either, natify medical examiner) 19a. ACCIDENT WAS UNDERLYING (If either, natify medical examiner) 19a. ACCIDENT WAS UNDERLYING (If either, natify medical examiner) 19a. ACCIDENT WAS UNDERLYING (If either, natify medical examiner) 19a. ACCIDENT WAS UNDERLYING (If either, natify medical examiner) 19a. ACCIDENT WAS UNDERLYING (If either, natify medical examiner) 19a. ACCIDENT WAS UNDERLYING (If either, natify medical examiner) 19a. ACCIDENT WAS UNDERLYING (If either, natify medical examiner) 19a. ACCIDENT WAS UNDERLYING (If either, natify medical examiner) 19a. ACCIDENT WAS UNDERLYING (If either, natify medical examiner) 19a. ACCIDENT WAS UNDERLY	D DEATH
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VR	A15 (4) REV. 1/68	REMOVAL (Specify) Sept 7, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25c.	

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		CEASED-NAME · First		Last		2a. DATE OF DEATH Month	Doy / Yeor 2b. HOUR
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	10. C	TY OR TOWN OF DEATH LOTHIAN	give street address)	INSTITUTION (If not in hosp	during ma	OCCUPATION (Kind of work don st af warking life, even if retired HOOL TEACHER	
			sed lived, if institution: Residence befa	re 13c. CITY OR TOWN	13d. INSIDE CITY LIM YES NO	13e. STREET AND NUMBER	
İ	14. F	ATHER'S NAME First THOMAS J.	Middle Last		MALISSA	st Middle	Lost
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		PART I. DEATH WAS CAUSE IMMEDI. Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	of tatic	C(A)	ci uoma read.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS		AUTOPSY?	20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	TH HOUR A.M. Month Day Ye		Y OCCURRED (Enfer	nature of injury in Part 1 or Part	2, Item 18.)
	ME		. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION	Street ar R.F.D. No.	City ar Tawn	Caunty State
		causes stated abav	nis haspital) attended the dece alive an second (did) (did nat) view the	ased fram 19 <u>@ 8</u> , and that in ne bady after death.	n (my) (aur) apin	ian death accurred an the	19 (, that (I) (we) last date and haur and fram the
		22b. SIGNATURE- 22d/ PHYSICIAN'S NAME (Type)	CHO me	DEGREE PH	TENDING ME YS. DII	ED. STAFF 2	2c. DATE SIGNED
- 1		BURIAL, CREMATION, 23b.	DATE 23c. NAME	OF CEMETERY OR CREMATO		23d. LOCATION (City or Tawn)	(County) (Stote)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12435 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Middle FALTH DEPT 1. DECEASED-NAME @ First 2a. DATE KNOWN Manth 2b. HOUR (Type ar Print) ESTI-0 DEATH MATED 12C delay and 3 IF UNDER 24 HRS. 4 RACE S DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 3. SEX HOURS 7-3-11 MARRIED NEVER MARRIED 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH form Virginia U. S. DIVORCED [WIDOWED [Give Poges the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.)
Personnel Clerk give street address Arundel Hospital Personnel Dupont Co. 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. admission) STATE 13b. COUNTY 3508 Baltimore 24 hours in Irem ofter First 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME Middle Last Chapelle Kearfott Lillian Joseph hours poges Examiner 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** in pencil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? be executed within (Yes, na, ar unknawn) (If yes give war or dates of service) 212-10-6513 Mrs. Virginia C. Kearfott Same No File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: "pending" IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 forworded 00 removal, CERTIFICATION nsed 20. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES T execute the certificate, pe 21a. EXTERNAL CAUSE WAS 10 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: cremotion, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. County State City or Town factory, affice building, etc.) FUNERAL DIRECTOR: Poge AT WORK AT WORK 22a. I certify that I fook charge of the remains described above, held an Autapsy ... Inspection 4 Inquiry and in my apinian Undetermined manner death resulted from Natural causes Accident Suicide Hamicide pleose CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE may be O DEPUT DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** ADDRESS(Street, city, tawn, ar caunty) NAME (Type) 50 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a, BURIAL CREMATION 23b DATE (County) REMOVAL (Specify) Cedar Hill Cemetery Ritchie Hwv. Sept. 16, 1968 burial 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1001 Ritchie Hwy. George J. Gonce 1968 VR ATSME (5) TOM REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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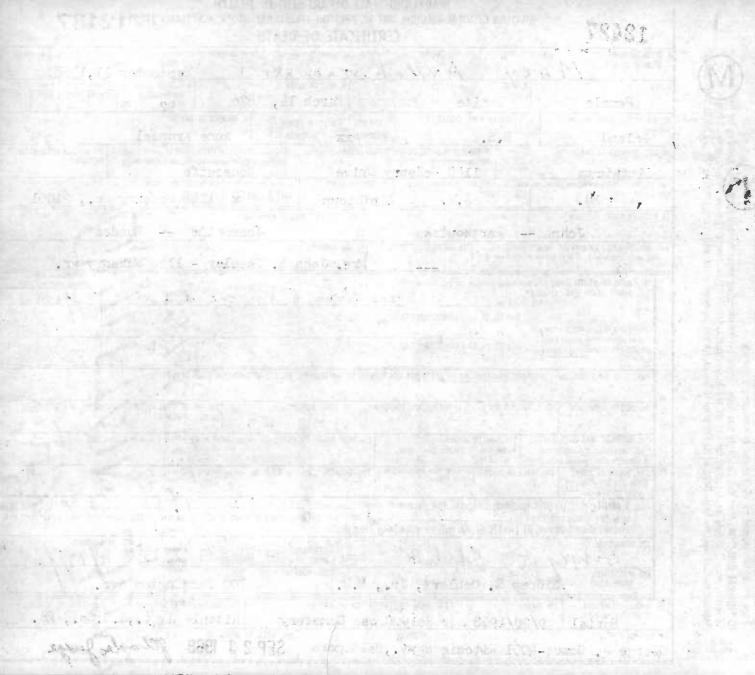
	DIVISION OF	MARYLAND STATE DEI F VITAL RECORDS, 301 W. PREST		LAND 21201	
1	2426	MEDICAL EXAMINER'S			12436
	CEASED-NAME First Light (Print)	Middle Middle	Kroble	20. DATE KNOWN Moni	th Day Yeor 2b. HOUR
3. SEX	- 1	DATE OF BIRTH 6. AGE (In year last birthday) 23 July 1894	MONTHS DAYS HOURS MIN.	2c. DATE PRONOUNCED DEAD Manth Day	Steor 1968 A A
country	IRTHPLACE (Stote or prign 7b. Cl	ITIZEN OF WHAT COUNTRY? 8. W	MARRIED NEVER MARRIED 9. COI	UNTY OF DEATH ANDROPE - ARUNDO	
1 9%	en Burnie		ARUNAEL during most of	CCUPATION (Kind af wark dan of warking life, even if retired SECULT (13e. STREET AND NUMBER	
d adm	mission) STATE		en Burnie YES NO [112 Carroll	Road
14. FAT	THER'S NAME First	Middle Lost	1S. MOTHER'S MAIDEN NAME First	Middle	Shumach
	John Ullr. VAS DECEASED EVER IN U.S. ARMED FORCE is, no, or unknown) (If yes give wor or	ES? 16b. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Genevieve 1	ADDRESS	
(T S	18. CAUSE OF DEATH (Enter anly an PART I. DEATH WAS CAUSED BY: IMMEDIATE CO. Conditions, if any, which gave rise ta immediate cause (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITION	of a :	Alseinee TO THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(o)	BRYWEEN ONSET AND DEATH
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH (WAS PERFORMED?	PERATION		20. AUTOPSY? YES □ NO 🔀
A I	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY Manth, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter note	ure of injury in Port 1 or Port	
3W 2	21d. INJURY OCCURRED WHILE NOT WHILE factory, AT WORK AT WORK	E OF INJURY (At home, form, street, affice building, etc.)	21f. LOCATION Street or R.F.D. No.	City ar Town	County Stote
)	220. I certify that I toak death resulted from: N ACTUAL SIGNATURE EXAMINER'S NAME (Type)	charge of the remains described about the latural couses , Accident .	. ,	AMINER 22b. D	
23a. I	BURIAL, CREMATION, 23b. DATE		RY OR CREMATORY 23d	LOCATION (City or Town) Baltimore	(Caunty) (State)
	FUNERAL DIRECTOR	ADDRESS	2Sa, REC'D BY RE	GISTRAR 25b. REGISTRA	9 1114

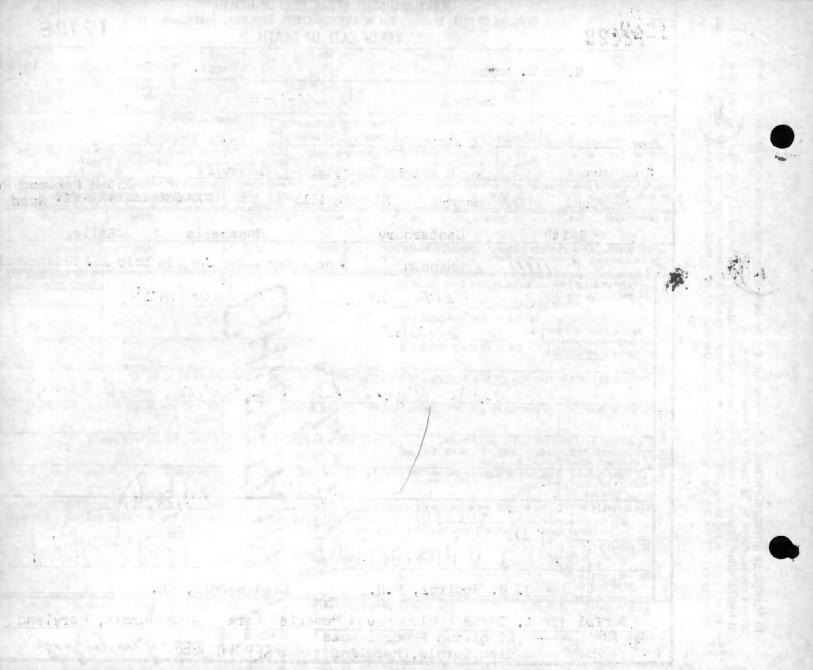
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100	-	12427	DIVISION OF VI		301 W. PRE CERTIFICA			RE, MARY	LAND 21201	2437	
	1. DI	CEASED NAME Fi	rst	Middle	17	Lost		. DATE OF D	Month Do	v Yenr	2b. HOUR
		11	ARY	ANN		Kows		5	September	17,1968	
	3. SE	x Female	4. RACE Whi.t	e		March 1	4, 1876		AGE (In years lost birthdoy)	MONTHS DAYS	HOURS MIN.
	7o. I	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT			NEVER MARRIEI		UNTY OF D			
	caur		U.S.		WIDOWED			Anne I	Arundel		M
0	10. (ITY OR TOWN OF DEATH Linthicum	11. NAME	OF HOSPITAL OR IN: et oddress)	TITUTION (If nat	in haspital	12a. USUAL OC	CUPATION (F	ind of wark dane e, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	13o.	HELIAL DECIDENCE (Where doe	eosed lived, if institution:	Residence before	13c. CITY OR TO	OWN 13d.	INSIDE CITY LIMITS?		ET AND NUMBER		
12	odm	ssion) STATE Md	13b. COUNTY A	.A.	Linthic	um YE	S NO St	1148	3 McHenry	Dr., 2	L061
1	14. 1	ATHER'S NAME First	Middle	Lost	1S. A	NOTHER'S MAIDE			Middle		Lost
		John					Jose	phine	Mun	dra	
	16a.	WAS DECEASED EVER IN U.S. A es, na, ar unknawn) (If yes gi	ARMED FORCES?	b. SOCIAL SECURITY		ORMANT	A 171 1		Address	D.	
		No				John J	A. wnee.	ler -	1148 McH	APPROXIA	ATE INTERVAL
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	ICED DV.			5-				BETWEEN OF	NSET AND DEATH
		LL120 IMME	DIATE CAUSE (a)	(erle	uscun	ine C	. V , C	chses		41	aru
		Conditions, if any, which gas	/e)	A CONSEQUENCE OF						/	
		rise ta immediate cause (o), (D)	A CONSEQUENCE OF					6,181 15		
		stoting the underlying cou-	(c)	T COMBEQUENCE OF							
	3.3	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DI	SEASE OR CONDIT	TION GIVEN	N PART 1(o)		
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X	CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSY YES	? NO 🔲		ES, WERE FINDINGS F DEATH?	CONSIDERED IN CE	RTIFYING
		210. ACCIDENT WAS UNDERL		JURY Month Doy Yeor	21c. HOW	INJURY OCCUR	RED (Enter natu	re of injury	in Part 1 or Port 2,	Item 18.)	
	MEDICAL	(If either, notify medical exa	miner) P.M.	19	9		Contract Con				
	W	at work at wark	Te. PLACE OF INJURY (AT		1000	1		City or	1	County	State
		22o. I certify that (I)	this hospitol) otten	ded the deceos	ed from	12/20	19.6.3	, to	1/8/, 19	68, that	(I) (we) los
		couses stoted obc	ove, (I) (we) (did) (di	d not) view the	body ofter de	oth.	(our) opinion	deoin oc	curred on the di	ote ona nour (ona trom th
		22b. SIGNATURE	R1	h hor	DEGREE	ATTENDING	MED. DIRECTO	OR 🗆	STAFF 22c.	DATE SIGNED	168
1		22d. PHYSICIAN'S NAME (Type)	idney R. Ge	hlert, J	r., M.D.	22e. ADDRES	470	O Peni	nington A	ve.	
0	3 3a.	BURIAL, CREMATION, REMOVAL (Specify) Burial	b. DATE		CEMETERY OR CR				(City or Town)	(County)	(State)
T		Burial	9/20/1968	Holy	Cross C	emeter	y R	itchie	Hgwy.,A	.A.Co.,	Md.
	24.	FUNERAL DIRECTOR	1003 D:4-	ADDRESS		25	CED 9 2	10CO	25b. REGISTRAR'S	SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH





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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle Last within 24 haurs after death. (Type or print) Sept. Louis Liss S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4 RACE 6. AGE (In years lost birthdoy) Feb. 12, 1913 male cauc. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) and campletely filled in remave carban papers. Mass. USA WIDOWED [DIVORCED [Anne Arundel burial, crematian, or removal, and in any event, within 72 12o. USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Anne Arundel General Annapolis 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut Annapolis 710 Americana Driv 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First physician and Minnie Cunkin 16b. SOCIAL SECURITY NO. 17. INFORMANT 11413 Roldfing House Rd., 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? '(If yes give war or dates of service) Yes, na, ar unknown) Rockville, Md. 026 09 George attending parent. The 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ? burial-transit rise to immediate cause (a), DUE TO. OR AS A CONSEQUENCE OF **ro Hospital OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to l 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19o. DATE OF OPERATION CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at work 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS cituneH. NAME (Type) 21 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) REMOVAL (Specify) Sept. 3.1968 Kne seth Israel Annanolis 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR HOPPING FUNERAL HOME - Annapolis, Md. 1968 5 30M REV. 1

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FilmGLOS 10 MEDICALNEXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME HEALTH DEPT First Middle 20. DATE KNOWN Month 2b. HOUR Yeor (Type or Print) MUL DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 2c. DATE PRONOUNCED DEAD 5. DATE OF BIRTH 2d. HOUR MONTHS HOURS Yeor Dec 24, 1907 GRE. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH form washington D. C. WIDOWED [DIVORCED US with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR with INDUSTRY give street oddress during most of working life, even if retired.) C Fireman Retired 13d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 1/3b. COUNTY TO odmission) STATE George's Riverdale YES NO 5707 66 th avenue l and 2 after 14. FATHER'S NAME First Lost 1S. MOTHER'S MAIDEN NAME Middle Margaret V. Quill hours Patrick Lynch poges in pencil i 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** 16b. SOCIAL SECURITY NO. (Yes. no. or unknown) (If yes give war or dates of service) Catherine F Lynch Riverdale. Md. 579 36 9464 File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gove rise to immediate couse (a). ony This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 farwarded removal, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. pe 21o. EXTERNAL CAUSE WAS 0 21b. TIME OF INJURY Month, Dov. Yeor 3 should 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, P.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE D AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection and in my apinian death resulted fram: Natural causes Accident Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 5 may be reta TO FUNERAL DII Health prior t ACTUAL ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** E. LINHIAR & NAME (Type) ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) REMOVAL (Specify) Washington Mt Olivet Cemetery 1968 Buria ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle last 20 DATE OF DEATH 2b. HOUR ond 2 deoth. hours after death. funerol (Type or print) Month Day John Oct 1968 Mever after (3 SEX 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) DAYS HOURS 2-5-94 74 . YRS White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED K NEVER MARRIED country) WIDOWED [DIVORCED [Maryland U.S. Anne Arundel 24 ond completely filled pd IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR icate be executed within during mast af warking life, even if retired.) give street address)
North Arundel Hosp; INDUSTRY Glen Burnie ond in any event, 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? admission) STATE 13b COUNTY NO T YES Pasedena 21122 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Last Last Meier Regina Meyer John 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, no, ar unknawn) 13 Mrs. Margaret G. Meyer, same as burial, cremotion, or removal, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Canditians, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b Page 4 may be retained by the hospital or attending hos been os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO T **D FUNERAL DIRECTOR:** After this certificate ho director, page 3 should be detoched for use should be filed with the State Dept. of Health p 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County State City or Town While Nat while at wark 22a. I certify that (1) (this hospital) attended the elecased from saw the deceased glive on 19, a saw the deceased alive on and that in (my) (aur) apinian death accurred on the date ond haur and fram the couses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATUR! 22c. DATE SIGNED DEGREE PHYS DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) Baltimore, AA Co., 0 Cedar Hill Cemetery 19 Sept. 68 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) Kirkley Funeral Home, Glen Burnie, Md. 1968 30M REV. 1/68 DATE SFP 1

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 24201 12435 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND Anne Arundel 24 haurs after filled in by the papers. Pages c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) yrs. Laurel Washington. mos. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO . YES | Children's Center Hospital 2619 13th 3. NAME OF 4. DATE Doy Year DECEASED event, (Type or print) DEATH Timothy Tames 9. AGE (In years IF UNDER 1 YEAR H UNDER S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove lost birthdoy) Months Doys Hours any WIDOWED DIVORCED 9/19/50 Male Negro

100. USUAL OCCUPATION (Give kind of work done gug 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired) COUNTRY? the attending physician can the please INDUSTRY Institutionalized Washington,
14. MOTHER'S MAIDEN NAME TISA 13. FATHER'S NAME Deceased (unknown) James Edward Mials 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Laurel. (Yes, no, or unknown) (If yes give wor or dotes of service) Children's Center Hospital. No None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit p 1 day PART I. DEATH WAS CAUSED BY Asphyxia, due to aspiration of vomitus IMMEDIATE CAUSE (o) _ DUF TO Conditions, if ony, which gove Mental retardation, severe rise to immediate couse (a). DUE TO Microcephalic, cerebral diplegia stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the Convulsive disorder: hyperthyroidism 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health NO X YES far 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) foctory, street, office bldg., etc.) Not While shauld be 30PM, from causes and on the dote stoted obove 21. I certify that (1) (this haspital) ottended the deceased fram. 68 and that deoth occurred af saw the deceased alive on_ 220. SIGNATURE Lacetta 22b. DATE SIGNED ATTENDING DIRECTOR 1 M.D. PHYS. PHYS. 020 22d ADDRESS Children's Center Hospital 22c. PHYSICIAN'S NAME (Type) Boyland James E. director 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) (County) Children's Center Laurel Md. 9 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ochanles 1968 DeWitt Donaldson, Laurel, Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12436 12446 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOB death. (Type or print) Stephen John Mlynarczyk 4. RACE S. DATE OF BIRTH 3. SEX ' . . 6. AGE (In years IF LINDER 24 HRS. Male White 6-20-10 within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED 🔛 NEVER MARRIED 🗌 country) Mass. Anne Arundel U.S.A. WIDOWED DIVORCED [1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR North Arundel Hosp. during most of working life, even if retired.) INDUSTRY Glen Burnie, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CLTY OR TOWN 13d. INSIDE COUNTY Engineer Westinohouse burial, crematian, ar remaval, and in any event, 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be experted 13b. COUNTY ne Arundel Md. Jerlyn Ave. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle Lost and (Unknown) Mlynarczyk (unknown) Marv 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Same as Yes no or unknown) (II yes give war or dates of service) 015-03-7083 Mrs. Amelia M. Mlynarczyk (wife) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY signed by the attendir burial-transit permit. IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise to immediate cause (a), Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **DIRECTOR:** After this certificate has been be detached for use as the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO I YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while 22a. I certify that (I) (this hospital) attended the deceased fromsow the deceased alive on 1965, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did did not) view the body after death. 22b. SIGNATURA ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS O FUNERAL Dr. Hilary O'Herlihy NAME (Type) Hosp.Dr., Suite 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Brooklyn, RFD Maryland Wen Holy Cross Cemetery 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Singleton Gien Burnie, Md. 1968 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4 2447 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR after death (Type or print) Robert (N.M.I.) Morris Sept Doy 1968 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In veors lost birthdoy) Male White 11/10/20 oon popers. Page within 72 hours at YRS PHYSICIAN: The law requires that the death certificate be executed within 24 hours completely filled in by ove corbon popers. Po 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED XNEVER MARRIED country) Anne Arundel WIDOWED [DIVORCED SCONSIN 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY Annapolis Gen. Hosp event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e STREET AND NUMBER Broadwater Road odmission) STATE Maryland 13b. COUNTY Anne Arundel ton 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle 500 TERSON ond Clon 16b. SOCIAL SECURITY NO 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) ROMAINE W. MORRIS NURCHTON ottending phy permit. Then cremation, or remov 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Stroke One week DUE TO, OR AS A CONSEQUENCE OF vears signed by the buriol-tronsit p Conditions, if ony, which gove) (h) Hypertensive cardiovascular disease rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse buriol. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 may be retoined by the hospital or ottending Also had acute myocardial infarction 3 should be detoched for use os the with the Stote Dept. of Health prior to **DIRECTOR:** After this certificate has been ge 3 should be detoched for use os the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? XX NO X YES 🗔 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year no accident (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while ot work 220. I certify that (1) that satisfy both attended the deceased from November, 1967, to 9/17/68, 19 saw the deceased alive on 9/17/68 19, and that in (mv) tour kapinion death occurred on the do and that in (my) four popinion death occurred on the date and hour and from the couses stated above () (we) (did) (didnot) view the body ofter deoth. 22c. DATE SIGNED 9/18/68 22b. SIGNATURE **ATTENDING** MED. DIRECTOR director, poge 3 should be filed v DEGREE 22d. PHYSICIAN'S 22e. ADDRESS FUNERAL NAME (Type) Charles Wirth, Lothian. Maryland M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) BURIAL, CREMATION REMOVAL (Specify) 0 WOODE ervi ADDRESS 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15.41 1968 30M REV

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MARYLAND STATE DEPARTMENT OF HEALTH

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	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAL	2d. HOUR
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3		FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Lost
		Paul J. Parramore Jane	Oliver
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Va.
	(Yes, no, or unknown) (If we care war or dolles of service) WW II Mrs. Mary L. Parramore, 214	Green St., Alex.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MSoCardiel Infanction	0
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		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
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0	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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		220. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined man	
		CHIEF MEDICAL EXAMINER	ilei 🔲
	1	ACTUAL A	DATE SIGNED
2		EXAMINER'S DEPUTY MEDICAL EXAMINER	9/1/0
~		NAME (Type) F. Line BACOLT : ADDRESS (Street, city, town, of county)	AHCO.
	230	BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) St. Mary's Cemetery Alexandria, V	(County) (Stote)
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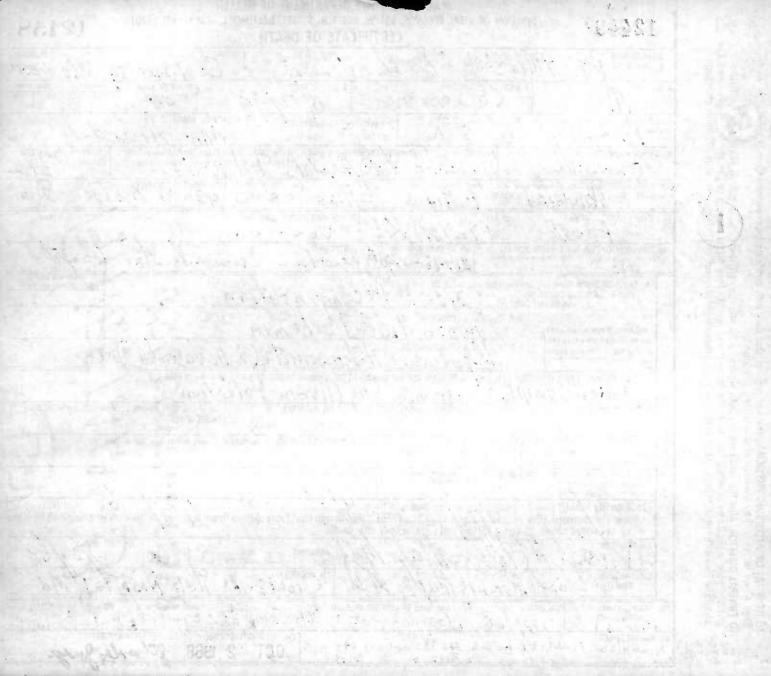
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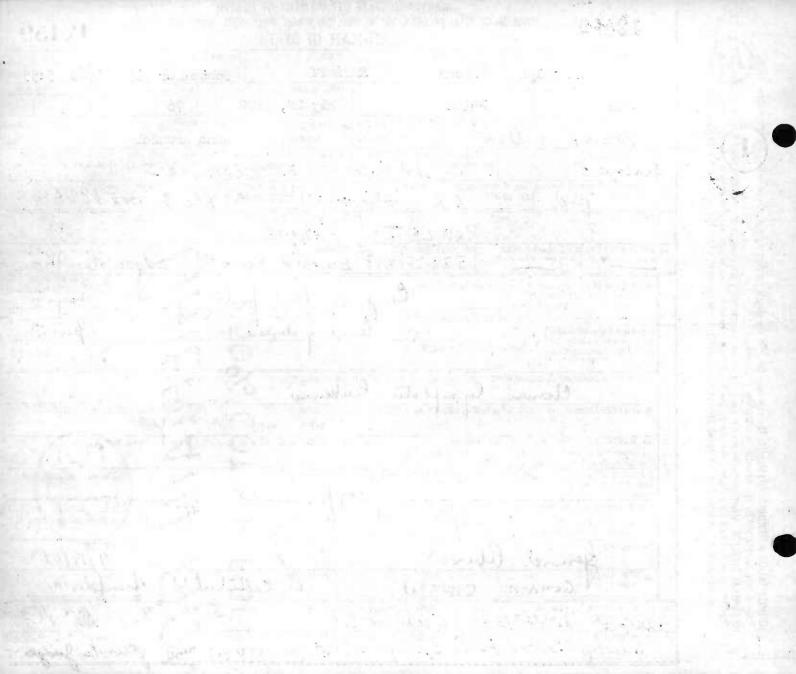
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and and		ATHER'S NAME First	Middle Lost Pippig	1s. MOTHER'S MAIDEN NAME Lena		Berthelomey Barthelom
physican physican ten pleas oval, and	160	WAS DECEASED EVER IN U.S. AR/ es no, or unknown) (If yes give v	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY N 216 93 872	0 1 21 1	Epping Forest,	Maryland.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician. VIRECTOR: After this certificate has been signed by the attendinglyphysician e 3 shauld be detached far use as the burial-transit permit. Then pleased with the State Dept. af Health priar ta burial, crematian, ar removal, and		PART I. DEATH WAS CAUSE IMMEDI. Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	per Cegeto	CONDITION GIVEN IN PART I(a)	BETWEEN ONSET AND DEATH 10 YEARS.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12462 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR & 1. DECEASED-NAME Middle Last 20. DATE KNOWN Month 2b. HOUR First Yeor (Type or Print) ESTIdelay 1. nd 3 to Page Buch 17 DEATH MATED IF UNDER 1 YEAR 2d. HOUR Department AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3. SEX 4. RACE S. DATE OF BIRTH PM3. Month Yeor MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign Jb. CITIZEN OF WHAT COUNTRY? farm DIVORCED WIDOWED [Pages with the State 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH after death during most of working life, even if retired.) JNDUSTRY GINE 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. 3a. USUAL RESIDENCE (Where deceosed liyed, if institution: Residence before 13c. CITY OR TOWN admission) STATE COUNTY YES X NO T 24 haurs Office Item and after 1S. MOTHER'S MAIDEN NAME Middle Nost First Middle 14. FATHER'S NAME Last pencil in 1 the Chief Medical Examiner's poges haurs **ADDRESS** 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMAN' within (Yes, no, or unknown) File APPROXIMATE INTERVAL . within be executed CAUSE OF DEATH (Enter only one cause per line for (a), BETWEEN ONSET AND GEATH permit. PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if ony, which gave rise to immediate cause (a), certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= farwarded to pub PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD remayal. CERTIFICATION nsed 20. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES | NO please execute the certificate, pe 4 shauld be 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 5 21b. TIME OF INJURY Manth, Day, Year 3 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING crematian, EXAMINER: P.M CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Na County State 21d. INJURY OCCURRED City or Town foctory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE ___ AT WORK AT WORK burial 220. I certify that took charge of the remains described above, held on Autapsy [Inspection ond in my opinion Inquiry director. death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER prigr ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE 5 may be TO FUNER. Health p DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Rem. Burial 9/9 /1968 Calvary Blair Co., Pa. Altoona 24. FUNERAL DIRECTOR **ADDRESS** York Rd. Sons H.W.Jenkins & DATE SEP VR A15ME (5) 10M REV. 1/68

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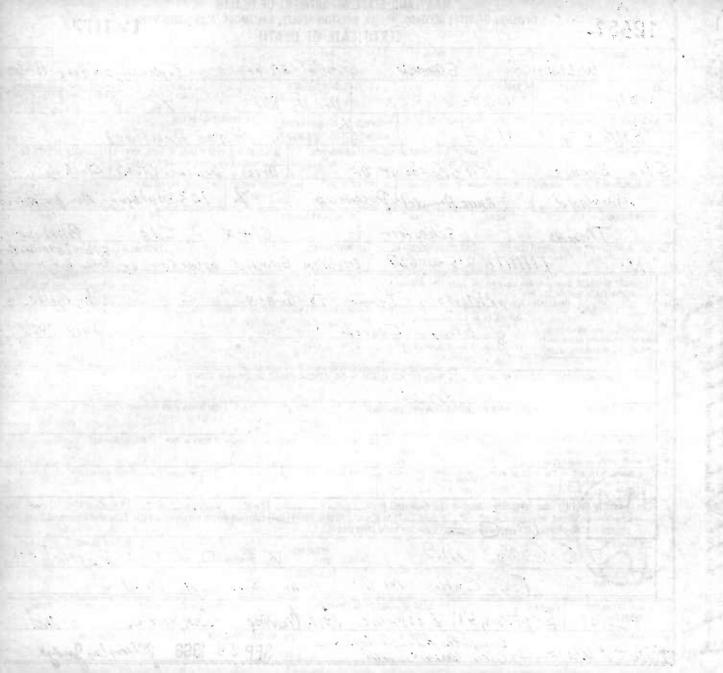
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TO HOSPITAL OF Page 4 may be 0 FUNERAL DIR director, page 3 should be filed	23a	NAME (Type) BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (Cit	y ar Town) (Cau	nty) (State)
VR A 5 VIII	24)	FUNERAL DIRECTOR LAYE	ler & Sons amag			Sb. REGISTRAR'S SIGNAT	Judge.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last First 2a. DATE OF DEATH 2b. HOUR deoth. executed within 24 hours after deoth Pages 1 and (Type or print) Month RACE 3. SEX 5. DATE OF BIRT AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS OAYS HOURS 24 oct. 1880 YRS 9. COUNTY OF DEATH To. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF 8. MARRIED NEVER MARRIED country) WIDOWED | DIVORCED [filled ove corban par vevent, within 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street gddress) during mast of working life, eyen if retired.) **INDUSTRY** 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO 7 inony 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First puo are be KNOWN puo Son 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, ar unknown) **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending parsitive director, page 3 should be detached for use as the burial-tronsit permit. Then should be filed with the Stote Dept. of Health prior to burial, cremotion, or removal, requires that the death certify 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ronary arteriosolo DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ATTENDING PHYSICIAN: The low 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO | 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 9/20_1968, and that in (my) (our) apinian death accurred an the date and have and fram the saw the deceased alive an____ O HOSPITAL OR ATTEND Poge 4 moy be retoined causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS _ 23c. NAME OF CEMETERY OR CREMATORA 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) VR A15 (4) 1968 30M REV. 1/68

MAKTLAND STATE DEPAKIMENT OF HEALTH

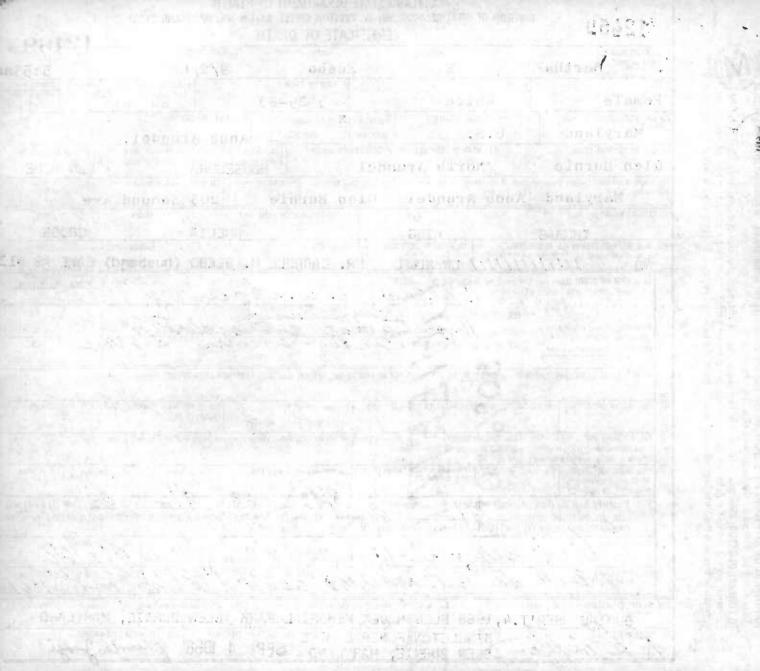
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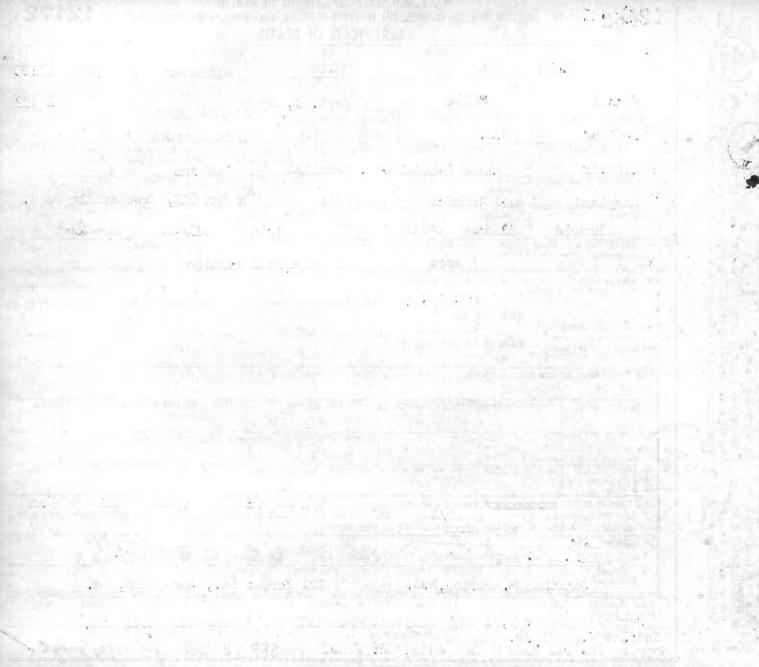
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e executed within 24-10 after and completely filled in by the un remove corbon papers. Pages n any event, within 72 hours ofter	0	city or town of death	11. NAME OF HOSPITAL OR INS give-street address) Aru	ndel		glife, even if retired.)	12b. KIND OF E	BUSINESS OR HOME
completely ove corbor y event, with	13o. adm	USUAL RESIDENCE (Where deceosission) Maryland	ed lived, if institution: Residence before	13c. CITY OR TOWN 13		STREET AND NUMBER 3 Second	Ave	
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inficote hysicie n plea vol, or		(es, no, or unknown) (If yes give w	AED FORCES? Our or dates of service) LINKNOWN	17. INFORMANT MR. CARRO	OLL M. SEE	Address 30 (husbanı	d) SAME	AS #13
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within be retained by the hospital or attending physician. **IRECTOR: After this certificate has been signed by the ottending physician and completely fill est should be detached for use as the burial-transit permit. Then please remove corban posed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within the state Dept.		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove nise to immediate cause (o), stating the underlying cause last.	y ane cause per line far (a), (b), ane (c). DEY: DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) IDITIONS CONTRIBUTING TO DEATH BUT NO	hypenten institution	n Bose sign interior moentan	SEN IN PART 1(a)		LATÉ INTERVAL ISET AND DEATH
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Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the other director, page 3 should be detached for use as the burial-transit personal be filed with the State Dept. of Health prior to burial, cremation,	ME	While Not while 22a. I certify that (I) (the saw the deceased a cayses stated above	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. is haspital) attended the decease live anl e, (I) (we) (did not) view the	ed fram 3/3		accurred on the do		(I) (we) last
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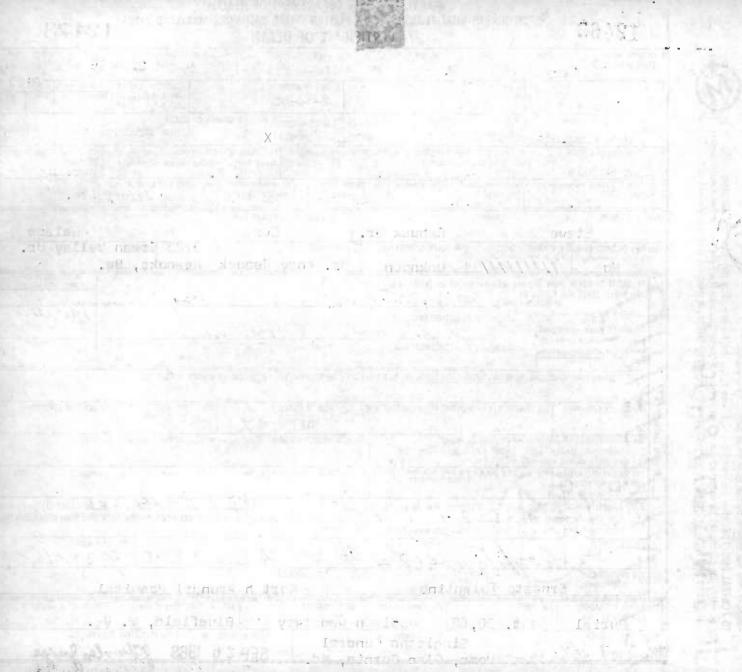


	12460		CERTIFICATE OF DEATH								
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	3. SE		4. RACE White		DATE OF BIRTH	6. AGE (In lost birth	hdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
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	230.		pt. 24, 1968 Mead		Mem. Park	23d. LOCATION (City or Elkeidge,		(County) Maryl:	(Stote)		
	24.	FUNERAL DIRECTOR	SINGLETON APPRES		DATE SE	P 2 5 1968	REGISTRAR'S	SIGNATURE	dec		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12471 12461 CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR Lost (Type ar print) 3 SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) HOURS 12-24-7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED 3 DIVORCED [S. A. W. Va. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) ¥ M INDUSTRY please remave carban Severn. Md. PHYSICIAN: The law requires that the death certificate be executed wil physician and campletely 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN and in any event, 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Rt. 1 Box 478 Severn 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Middle Lost James H. Davis Mary Hushman 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknown) (If yes give war or dates of service) Ruth Shahan Rt. 1 Box 477 Severn, Md. 236-48-7678 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [far use Health p NO P 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, natify medical examiner) PM 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INIURY OCCURRED City or Town County Stote While Nat while couses stated above, (1) (we) (did) (did nat) view the bady ofter death. 22b. SIGNATURE **ATTENDING** DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE (County) (State) Burial (Specify) Preston Mem. Gardens Kingwood W. Va 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Glen Burnie. Md. Raymond C. Fink DATESEP 1968 30M REV. 1/68

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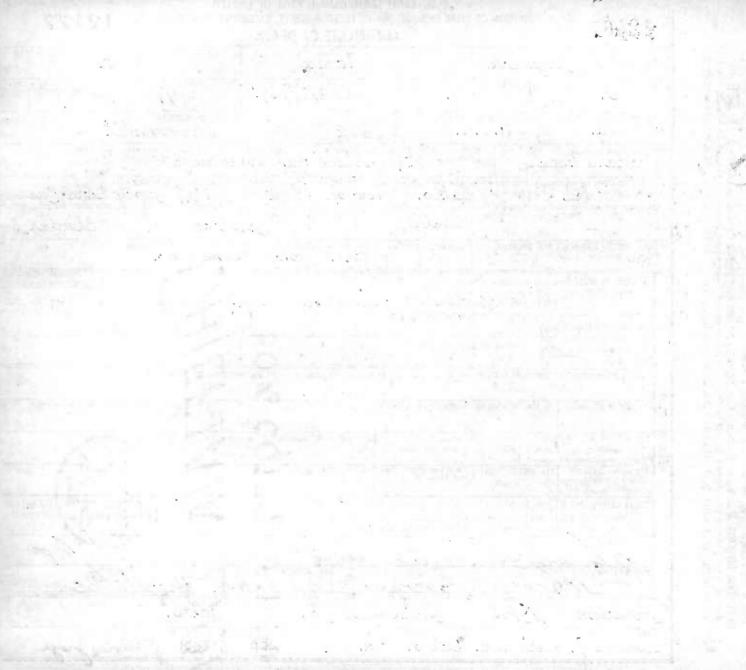


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VR A15ME (5)	18	Theof of Gananco, Severna M. m. DASEP 1 6 1968 goliano	es Judge

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	22d. PHYSICIAN'S NAME (Type)	F.M.	SHIPLE	22e. ADDI	RESS			
1	BURIAL, CREMATION REMOVAL (Specify)	1, 23b. DATE	168 HILL	EREST CEM	ETERY A	ATION (City or Town	NA	(Stote)
2	4. FUNERAL DIRECTOR	Turual Hom	e Annapoles	, mel	250. REC'D BY REGISTRAL DATE SFP 1 3		TRAR'S SIGNATURE	ye

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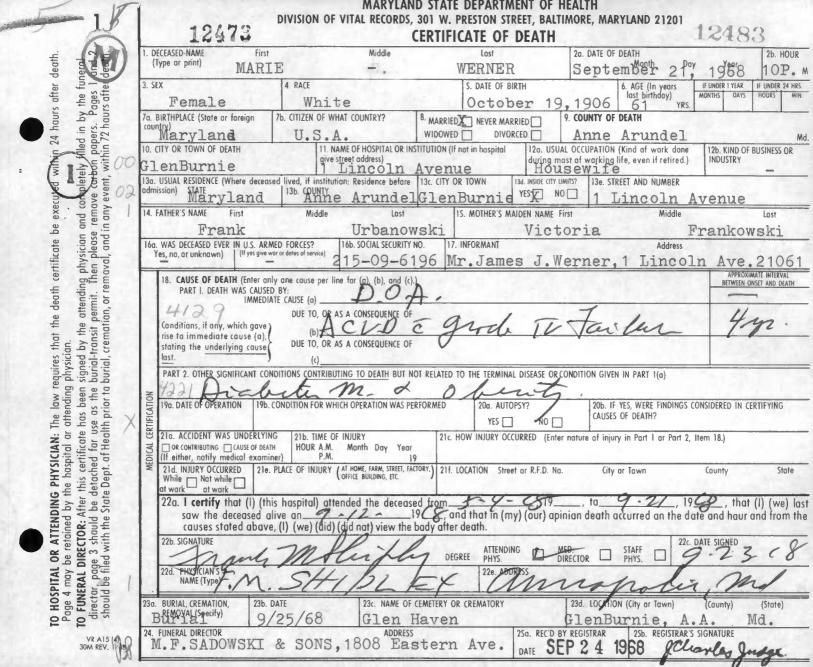
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FOR STATE	Co	onversation - b F U 0/20/68 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12479
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o DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health priar to burial, crem		EXAMINER'S NAME (Type) L. LIN MINE OF ADDRESS(Street, city, town, or county)	AMCo.
necessar he fune 5 may b TO FUNE Health	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
		BURIAL 9-6-1968 Loudon Park Cemetery Baltimore, Mar	yland
~_X		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR	SIGNATURE
VR A15ME (5)	Ho	ward H. Hubbard, 4107 Wilkens Ave. 21229 DATSFP 5 1968 ICLO	rlas Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH executed within 24 hours after death (Type ar print) e55/e Alton 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. haurs after White lost birthdoy) MONTHS DAYS Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED completely filled in Anne within 72 WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) INDUSTRY carban ouse wife Home maken event, 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY maye any 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle Lost ang and in COX physician (TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, of Unknown) (If yes give war or dates of service) burial, crematian, ar remaval, NONE Dobson RT6 STAUNTON APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF the Conditions, if ony, which gave) signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been Health priar to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO [far use O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached for the detaction of the detact If either, natify medical examiner) be detached State Dept. c (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (this hospital) attended the deceased from 5 20 24. _1962, and that in (mg) (our) opinion death occurred on the date and haur and from the saw the deceased alive on. directar, page 3 shauld shauld be filed with the t) view the bady ofter death. causes stoted obove, 44 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) HAhn 23g. BURIAL TREMATIONS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) -REMOVAL (Specify) Cemetery 24. FUNERAL DIRECTOR ADDRESS 2Sa. VR A15 (4) 30M REV. 1/68 Hope Rd.

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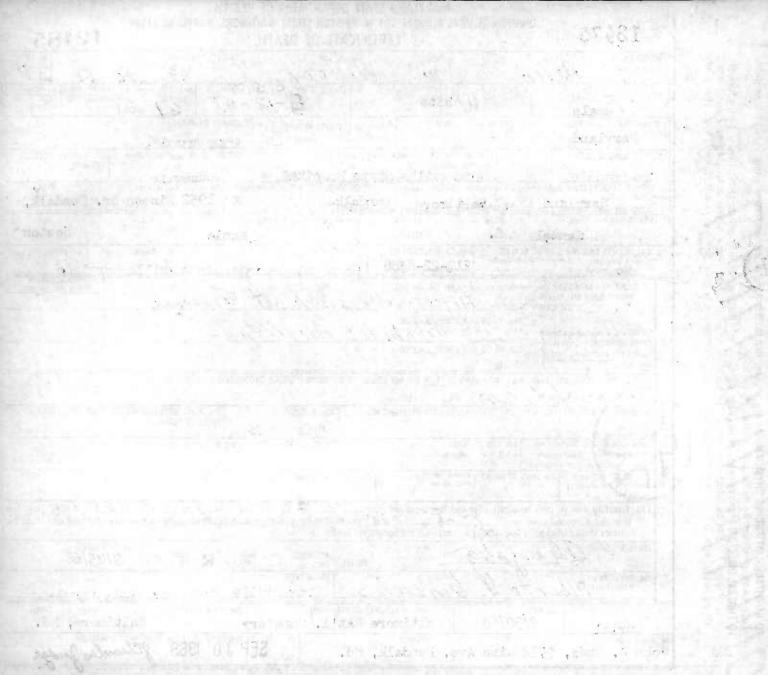


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	ME	21d. INJURY OCCURRED While Not while ot work	le. PLACE OF INJURY	AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. N	No. City or Town	County	Stote
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		22b. SIGNATURE C * Eac 22d. PHYSICIAN'S NAME (Type)	395 Ft.	RL HILL, M.bv) Smallwood Road , Maryland 21122	DEGREE ATTENDING PHYS. 22e. ADDRESS	MED. STAFF PHYS.	22c. DATE SIGNED 9-30-6	8
	230.	BURIAL, CREMATION, 23	b. DATE 0-1-68	23c NAME OF CEME		23d. LOCATION (City or To	(County)	(Stota)
ha		PUPERAL DIRECTOR	0 - 0	ADDRESS		BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE	
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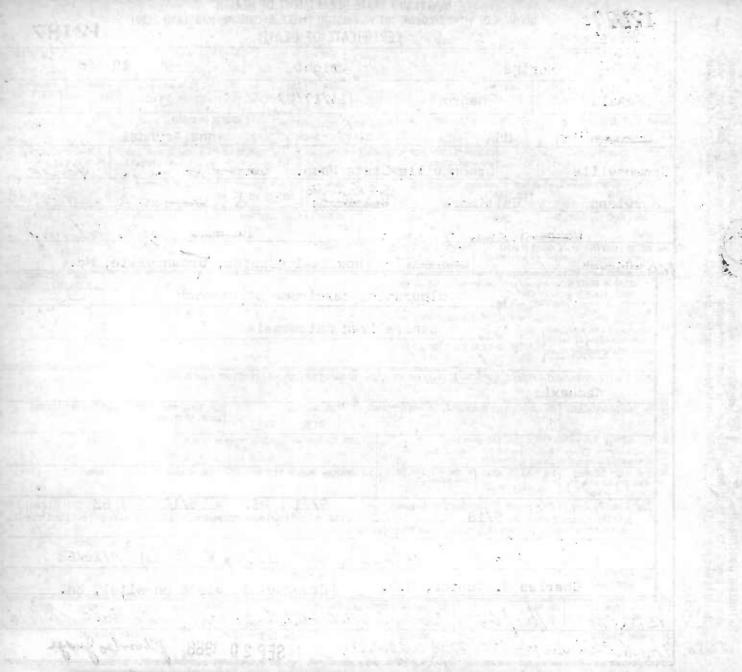
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be executed within 24 haurs after death. and completely filled in by the funeral e remove carbon page. Pages 1 and 2 in any event, within 72 haurs after death.	3. SI	x female	4. RACE	W hite	5. DATE	OF BIPTH 0/12,		AGE (In years ost birth by) YRS.	MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
d in by	7o.	BIRTHPLACE (Stote or foreign Maryland	7b. CITIZEN OF W	USA	A. C.	DIVORCED	9. COUNTY OF DEA			Md
		Crownsville	give	NAME OF HOSPITAL OR INS street oddress) rownsville	State Hos	during mg	L OCCUPATION (Kind life) BOUSE	even if retired.)	12b. KIND OF E INDUSTRY	
e executed withing and completely fremove carban in any event, with	odm	USUAL RESIDENCE (Where decision) STATE Marylan	eased lived, if institu	altimore	Dundalk		MITS? 13e. STREET 1952	AND NUMBER Dineen	Dr. Dune	Md. dalk,
physician. signed by the attending physician and completely to burial-transit permit. Then please remove carban burial, crematian, ar remaval, and in any event, with		FATHER'S NAME First Samu	at his	lost Funk			irst Mamie	Middle	Ne	ewton
rtificate physicia en plea aval, an		17No m	ve war or dates of service)	16b. SOCIAL SECURITY N 217-22-85	88 Hospi	ni tal Recor	ds, Crow	Address nsville N	<u> </u>	1
e death certificate b attending physician permit. Then please an, ar remaval, and i		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME	only one couse per I SED BY: DIATE CAUSE (a)	ine for (a), (b), and (c). Arterios	derosis	heart	disea	pe	BETWEEN ON	MATE INTERVAL NSET AND GEATH
it the death the attendi sit permit. nation, or r		Conditions, if any, which gaves to immediate cause (o	DUE TO, OR	AS A CONSEQUENCE OF	betes n	nellita	V5-	7 7 7		
requires that the death g physician. n signed by the attendir s burial-transit permit. o burial, crematian, ar re		stating the underlying cause last.		AS A CONSEQUENCE OF						
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBI	UTING TO DEATH BUT NO	OT RELATED TO THE TER	RMINAL DISEASE OR CO	ONDITION GIVEN IN	PART 1(o)		
The law attendin has bee se as the priart	CERTIFICATION			HICH OPERATION WAS PE		AUTOPSY?	CALICTE OF	, WERE FINDINGS CO DEATH?	INSIDERED IN CE	RTIFYING
PHYSICIAN: The law re haspital ar attending this certificate has been stacked far use as the Dept. af Health priar to	MEDICAL CE	21a. ACCIDENT WAS UNDERL ☐ OR CONTRIBUTING ☐ CAUSE OF I (If either, notify medical exa	miner) HOUR A.M.	Month Day Yeor		RY OCCURRED (Enter		Part 1 ar Port 2, I	rem 18.)	
iNG PHYSIC by the haspit fter this certi be detached state Dept. af	ME	at wark at wark		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					Caunty	State
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by ye 3 shauld be detached far use as the burial-trailed with the State Dept. af Health priar to burial, cre	P.	220. I certify that (I) (saw the deceased courses stated abo	this hospital) attached alive an	tended the decease	ed fram 9_6, and that i	in (my) (aur) opi	nian death acci	urred on the do	te and hour c	(I) (we) last and from the
OR ATT be retain DIRECTO		22b. SIGNATURE	auzale	3	AT	TENDING M	IED. S'IRECTOR P	TAFF 22c. I	DATE SIGNED 0/25/68	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law range of may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to		22d. PHYSICIAN'S NAME (Type) 19/60	rto 9.	BONZA	/ 220	e. ADDRESS Crownsvil			l Mary	land
FO HOS Page 4 TO FUN directo	23a	BURIAL, CREMATION, 23 REMOVAL (Specify) Burial	9/30/68		CEMETERY OR CREMATO	ORY	23d. LOCATION (City or Town) Balt	(Caunty)	(State)
VR A15 (4) 30M REV. 1/68	24. J	funeral director ohn J. Duda, '	7922 Wise	Ave. Dunda	ılk, Md.	2So. RECOR	P 3 0 190	25b. REGISTRAP'S	SIGNATURE	det

MARYLAND STATE DEPARTMENT OF HEALTH



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Female Negro 11/17/07 06 lost birthday) YRS. MONTHS DAYS HOURS M 7a. BIRTHPLACE (State or foreign country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	(Түре	ASED-NAME First e or print) Ma:	Middle rtha		lost right	2a. DATE OF	Magth	9 8	80	2b. HOUR
USA NAME OF HOSPITALOR NISTUUTONE DIVORCED DIVIDIO DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVIDIO DIVORCED DIVORC	3. SEX	Female	4. RACE Negro	s. 1	1/17/Ø7 06		6. AGE (In year last birthday)	MON		IF UNOER 24 HR HOURS MI
CTOWNSVILLE Dive steel address Dive tree address State Hosp. Dive tree address	cauntry	DKDOWN W.	USA	WIDOWED 🔲	DIVORCED	Ann	e Aruno			
13.0 LUSIA RESIDENCE (Where deceased lived, if institution Residence below additions) 13.6 LOUNT 13.6 LOUNT 13.6 LOUNT 13.6 LOUNT 13.6 LOUNT 13.6 LOUNT 14.6 L			give street address) Crownsville	State	Hosp. during mo				INDUSTRY.	
16a. WAS DECEASED EVER IN U.S. ARMED FORKES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address Approximate interval odmissio Ma	on) SIATE	d lived, if institution: Residence before 13b COUNTY Baltimore	Bolt in	WN. LEE 13d. INSIDE CITY LIN	13e. S	REET AND NUMB	er	a, K	d.	
The composition of the control of		Unkno	WIT James Johnso	n			H an	mi 4	John	lost
Return only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	16a. W/ Yes,	AS DECEASED EVER IN U.S. ARME na, or unknown) (If yes give war			, res	rds, C				
County C	ris sto las	anditians, if any, which gave se to immediate cause (a), lating the underlying cause set. ART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) OITIONS CONTRIBUTING TO DEATH BUT NO	alized	metastasis					
County C	RTIFICATIO				YES NO	CAUSE	S OF DEATH?			TIFYING
220. I certify that (I) (this hospital) attended the deceased from 9/21, 1960, to 9/18, 1968, that (I) (we) I sow the deceased alive on 9/18 1968, and that in (my) (our) opinion death occurred an the date and hour and from a couses stated above, (I) (we) (did) (did not) view, the body after death. 22b. SIGNATURE Coupling ATTENDING MED. STAFF 9/18/68	DICAL CIT	OR CONTRIBUTING CAUSE OF DEATH f either, natify medical examine 21d. INJURY OCCURRED 21e. F While Nat while	HOUR A.M. Manth Day Year P.M. 19					Des		State
Caules C Celley DEGREE ATTENDING MED. DIRECTOR STAFF 9/18/68	W					0 1	9/18	, 19_6	8, that	I) (we) lo
	w at v	 I certify that (I) (this sow the deceased oli couses stated above, 	s hospitol) ottended the deceose ve on 9/18 1 (I) (we) (did) (did not) view the l	ed from 9.68, and the body ofter dec	not in (my) (our) opin	nion deoth	occurred an t	12	3/67	



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		12478 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9
HEALTH DEPT.	1. 0	DECEASED-NAME (Type or Print) A Deceased North Doy Yeor Of ESTI-	2b. HOUR
of ge of	1	(Type or Print) (10 O O DEATH MATED 9-28- 1965	AM
d 3 d 3 . Po	1573	4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DATS HOURS MIN. MONTHS DATS	2d. HOUR
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Iny delay is 1, 2, and 3 to m PM3. Page Department of		BIRTHPACE (Stote of Toreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	9 39
for for		WIDOWED DIVORCED 1	Md.
Page 151	10.	CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUS domestic for the street oddress) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUS domestic for the street oddress) 12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUS 12b. KIND OF BU	INESS OR
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haur. Item Office I and 2	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	1
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the certificate, writing the word "pending" in 15em 18. Give Pages the certificate, writing the word "pending" in 15em 18. Give Pages 4 shauld be farwarded to the Chief Medical Examiner's Office algag with far it files. e 3 should be used as a burial-transit permit. Eile pages 1 and 2 with the State emation, ar remayal, and in any event within 72 haurs after death.	160.	WAS DECASED EVER IN U.S. ARMED FORCES? Yes, no, of yinknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17/INFORMANY. WISCOMMON OF THE SECURITY NO. 17/INFORMANY. WISCOMMON OF THE SECURITY NO. 17/INFORMANY.	MI.
ol Expension 72 hin 72		IB. CAUSE OF DEATH (Enter only one couse per line 105 (d), (b), and (c).) APPROXIMATE BETWEEN ONSET	MTLRVAL AND DEATH
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vriti ware ed c	TION	196. CONDITION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY	1?
is contact for far far far far far far far far far fa	MEDICAL CERTIFICATION	WAS PERFORMED?	NO
=	GR	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 2, Item 1B.)	
Cert cert auld es. shou tian,	DICA	CAUSE OF DEATH P.M. 19	
XAMINER: the the certified to the should your files. age 3 shou cremation,	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while Not while foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County	Stote
L EXAM ecute th Page 4 or your R: Page		AT WORK AT WORK	
JIY SICAL EXAMINER: Iny, please execute the certiferal director. Page 4 shauld be retained for your files. RAL DIRECTOR: Page 3 shou prior to burial, crematian.			y apinian
please e l director retained		death resulted from: Matural causes , Accident , Suicide , Hamicide , Undetermined manner	
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